



Justice Centre

for Constitutional Freedoms

Covid versus the Spanish Flu of 1918

Does the virus merit the government's response?

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1) Executive Summary

Canadian governments were terrified by what turned out to be the thoroughly unreliable and dangerously pessimistic Covid modelling¹ of Imperial College London's Dr. Neil Ferguson and his associates in March 2020, and hastily enacted unprecedented counter measures. The Government of Canada (along with ten provincial governments and most other G-20 governments) believed Dr. Ferguson's forecast that without Non-Pharmaceutical Interventions (popularly known as lockdowns), fatalities could run to 326,000 in Canada, and 40 million worldwide.² Dr. Ferguson expressly compared Covid to the Spanish flu of 1918³ which killed between 50 and 100 million people, at a time when world population was barely a fourth of what it is today.

In terms of lethality, Covid has proved to be more destructive than the familiar seasonal flu. Nevertheless, when compared with significant medical emergencies during the last 130 years, aggregated deaths from Covid remain in the same universe as other (relatively) recent contagious viral infections. And notwithstanding the spread of Covid in Canada and around the world in 2020 and 2021, Influenza pandemics in 1889 and 1918 were far more costly in human life⁴ while the Asian Flu of 1957 was only slightly less so.

World Epidemics (Epidemiologists estimate each outbreak lasted from 6 to 18 months)

1918 Spanish flu (~18 months) – 50+ million (World population 1.8 billion)⁵ One person in 36.
2020-22 Covid (22 months) – 5,492,595⁶ (World pop. 7.9 billion) One person in 1,444.
1889 Russian flu – 1 million+. (World population, <1.6 billion) One person in 1,600.
1957 Asian flu – 1.1 million (World population 2,873,306,090) One person in 2,870.
1968 Hong Kong flu – 1 million (World population 3,551,599,127) One person in 3,551.
2003 SARS – 8,000 worldwide.⁷
2009 H1N1 Swine flu 151,700 - 575,400. (World pop. 6.8 billion) Up to one person in 11,945.

In Canada, the 1918 Spanish flu killed one in 148; the vast majority in the prime of their lives. The Russian flu of 1890 took roughly one in 600. Over a period of around six months, one in

¹ <http://www.biotech.ca/wp-content/uploads/2020/03/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>

² Patrick G.T. Walker *et al.*, "The Global Impact of COVID-19 and Strategies for Mitigation and Suppression," Imperial College London, March 26, 2020; MRC Centre for Global Infectious Disease Analysis, "COVID-19," Imperial College London, 2020.

³ <http://www.biotech.ca/wp-content/uploads/2020/03/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>

⁴ Jeffery Anderson Claremont Review of Books

<https://claremontreviewofbooks.com/the-masking-of-america/>

⁵ <https://www.biospace.com/article/compare-1918-spanish-influenza-pandemic-versus-covid-19/#:~:text=Of%20course%2C%20the%20world%20population%20in%201918%20was%20about%201.8%20billion.%20The%20higher%20estimate%20of%2050%20million%20deaths%20would%20suggest%20the%20Spanish%20flu%20killed%202.7%25%20of%20the%20world%20population%2C%20while%20the%2017.4%20million%20figure%20suggest%20about%201%25.>

⁶ covid.who.int

The WHO warns: "Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO case definitions and surveillance guidance. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources. Due to public health authorities conducting data reconciliation exercises **which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed** in the new cases/deaths columns as appropriate."

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https://www.who.int/docs/defaultsource/coronavirus-situation-reports/20211019-weekly-epi-update_62.pdf?sfvrsn=f0a4a5fe_27&download=true

⁷ <https://www.cdc.gov/sars/about/fs-sars.html>

2,372 Canadians died of the 1957 Asian flu. During the first 10 months of the Covid pandemic, one in 2,457 succumbed to the virus, while over the total 22 months, the death rate is one in 1,241.

The Spanish flu of 2018-19 claimed the lives of one out of every 36 people, making it about 40 times more deadly than Covid on the face of it, or making Covid only 2.5% as deadly as the Spanish flu.

However, this superficial 40:1 ratio does not even begin to take into account the fact that the Spanish flu killed large numbers of people in their 20s, 30s and 40s, whereas the impact of Covid on people in this age-range is negligible. In regard to their respective impacts on world population life expectancy, the Spanish flu is more deadly than Covid by a multiple far greater than 40.

On an annualized basis therefore, Covid was slightly less deadly than the 1957 Asian flu. It is not, therefore, Covid's lethality that makes it significant or unique in history, but rather it is the government response.

In none of the latter did Canadian governments introduce costly lockdown strategies or infringe basic constitutional freedoms. If restrictions on human rights and civil liberties were not thought necessary then, why were they considered necessary in 2020 and 2021?

This paper has been prepared as the arrival of further Covid variants prompts renewed discussion of continued masking,⁸ a return to restrictive Non-Pharmaceutical Interventions⁹, and mandatory vaccination policies under threat of dismissal from employment, expulsion from university, inability to travel by plane or train, and other examples of second-class citizenship imposed on Canadians who decline to take the new Covid vaccines.

The medical differences between Covid and Influenza are insufficient to justify continued lockdowns and infringements of *Charter* freedoms as public health responses to future outbreaks of Covid or its variants.

We fear Covid too much. The Justice Centre notes with appreciation that experts in the field are increasingly of the view that Covid is not going away, but lockdowns are simply too harmful in too many ways to remain the default response for Canadian governments. Therefore, Canadians must learn to live with it.

⁸ Dr. Tedros Adhanom Ghebreyesus 25 June 2021 (WHO)

'...we can prevent the emergence of variants by preventing transmission. It's quite simple. More transmission, more variants. Less transmission, less variants. That makes it even more urgent that we use all the tools at our disposal to prevent transmission. The tailored and consistent use of public health and social measures in combination with equitable vaccination. This is why WHO has been saying for at least a year that vaccines must be distributed equitably to protect health workers and the most vulnerable.

[https://www.who.int/multi-media/details/who-press-conference-on-coronavirus-disease-\(covid-19\)---25-june-2021](https://www.who.int/multi-media/details/who-press-conference-on-coronavirus-disease-(covid-19)---25-june-2021)

⁹ <https://www.latimes.com/world-nation/story/2021-07-01/delta-variant-worldwide-coronavirus-restrictions>

<https://www.cnbc.com/2021/07/08/us-heading-for-dangerous-fall-with-surge-in-delta-covid-cases-and-return-of-indoor-mask-mandates.html>

2) Introduction: Influenza and Covid compared

Health Canada states that Influenza (flu) and Covid are both contagious respiratory illnesses but caused by different viruses: “The flu and Covid are different viruses. They are very contagious and have similar symptoms. This can make it hard to tell the difference between the flu and Covid when symptoms appear.”¹⁰ The U.S. Center for Disease Control (CDC) concurs.¹¹

The differences between the two illnesses are important to physicians. However, for policy makers the similarities are also important:

1. Regardless of whether a person is infected with Influenza or Covid, they will exhibit many of the same symptoms. In fact, it takes a lab test to determine whether a person is suffering from Influenza or Covid.¹²
2. Both viruses appear to follow a seasonal trajectory in which the most severe impact is felt in the winter, with fewer infections, hospitalizations and deaths during the summer.

In this section, we review how Canadians have experienced both Influenza and Covid.

Influenza – Description, Symptoms and Occurrence

Influenza described

The World Health Organization calls Influenza ‘a serious global health threat that impacts all countries.’¹³ As stated by the U.S. Center for Disease Control (CDC), it is caused by infection with one of three Influenza viruses.¹⁴ Human Influenza A and B viruses cause seasonal epidemics of disease (known as the flu season) almost every winter in North America. Influenza A viruses are the only Influenza viruses known to cause flu pandemics, i.e., global epidemics of flu disease. (A pandemic can occur when a new and very different Influenza A virus emerges that both infects people and has the ability to spread efficiently between people.)¹⁵

Influenza type C infections generally cause mild illness and are not thought to cause human flu epidemics. There is a fourth group of viruses – Influenza D – that primarily affect cattle and are not known to infect or cause illness in people.

¹⁰ <https://www.canada.ca/en/public-health/services/diseases/flu-Influenza.html>

¹¹ [https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm#:~:text=Influenza%20\(flu\)%20and%20COVID%2D19%20are%20both%20contagious%20respiratory,spread%20more%20easily%20than%20flu.](https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm#:~:text=Influenza%20(flu)%20and%20COVID%2D19%20are%20both%20contagious%20respiratory,spread%20more%20easily%20than%20flu.)

¹² https://www.cdc.gov/flu/symptoms/testing.htm#anchor_1596736120603

¹³ https://www.who.int/Influenza/Global_Influenza_Strategy_2019_2030_Summary_English.pdf

¹⁴ <https://www.cdc.gov/flu/about/viruses/types.htm>

¹⁵ <https://www.cdc.gov/flu/pandemic-resources/basics/faq.html>

Symptoms of Influenza

“Flu symptoms may vary from person to person. Some people only get mildly ill. Others get very sick. Flu symptoms appear 1 to 4 days after exposure to the virus. Usually they include the sudden appearance of:

- fever
- cough
- muscle aches and pain
- headache
- chills
- fatigue (tiredness)
- loss of appetite
- runny or stuffy nose
- diarrhea
- nausea and vomiting
- sore throat”¹⁶

Occurrence of Influenza

World: The World Health Organization estimates that Influenza infects a billion people worldwide¹⁷ every year, of which 3-5 million cases are thought to be serious. (In many countries, the record-keeping is imprecise.) Every year between 290,000 and 650,000 ‘Influenza-related respiratory deaths’ are recorded around the globe. In this interconnected world, says the WHO, the next Influenza pandemic is a matter of when not if, and a severe pandemic is believed by many to be just a matter of time.¹⁸

Canada: Influenza (and the pneumonia which usually kills flu sufferers) takes the lives of approximately 7,000-8,000 people annually. Normally, this makes it the sixth or seventh largest cause of death for Canadians.¹⁹

2014-15	7,630
2015-16	6,235
2016-17	7,396
2017-18	8,511
2018-19	6,893
2019-20	5,955
2020-21	1,735 (Six months) ²⁰

¹⁶ <https://www.canada.ca/en/public-health/services/diseases/flu-Influenza.html>

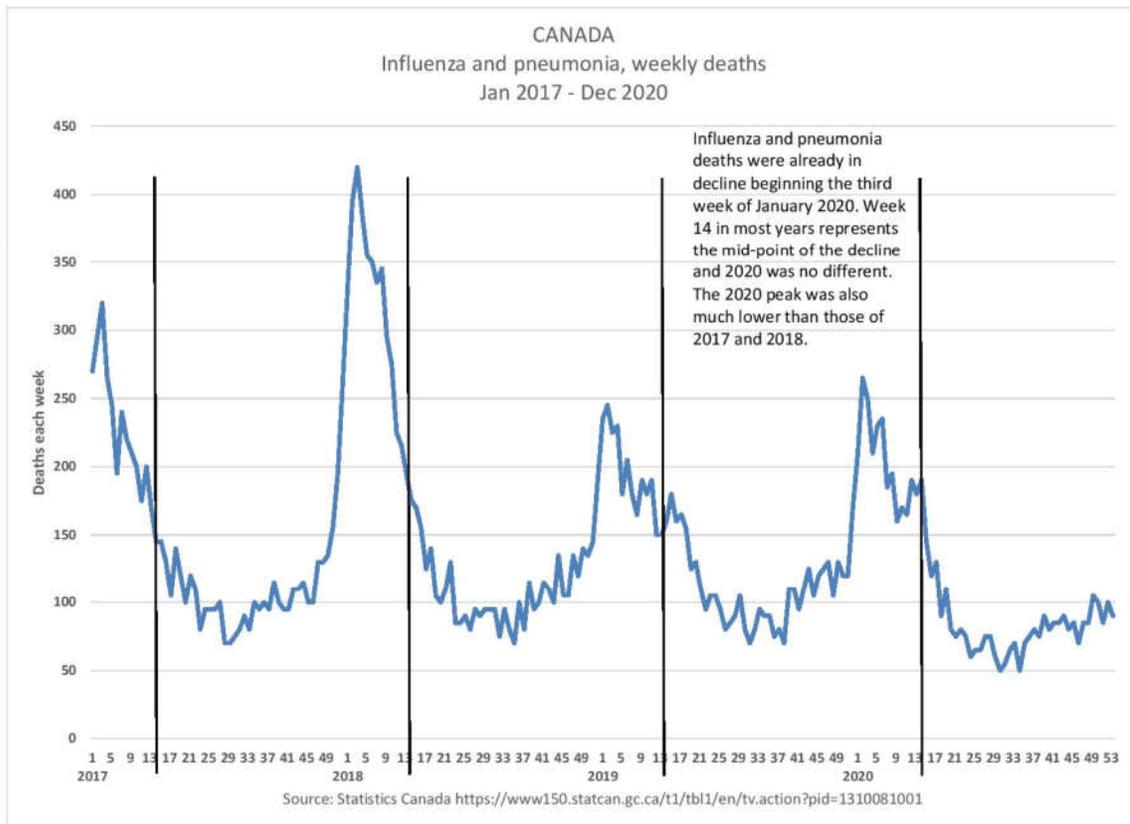
¹⁷ https://www.who.int/Influenza/Global_Influenza_Strategy_2019_2030_Summary_English.pdf?ua=1#:~:text=Strategy%202019%2D2030-.Influenza%20is%20a%20serious%20global%20health%20threat%20that%20impacts%20all.Influenza%2Drelated%20respiratory%20deaths%20worldwid e. Also, <http://www.emro.who.int/pandemic-epidemic-diseases/news/the-next-flu-pandemic-a-matter-of-when-not-if.html>

¹⁸ <http://www.emro.who.int/pandemic-epidemic-diseases/news/the-next-flu-pandemic-a-matter-of-when-not-if.html>

¹⁹ <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310039401>

²⁰ <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310081001>

It is important to note however, that *contra* the popular narrative²¹ that flu disappeared in 2020 because anti-Covid protocols also worked for Influenza,²² the flu never actually went away. Flu infections and deaths are cyclical and before Covid arrived, Influenza effects were certainly trending downwards but nevertheless remained (and remain) significant.



²¹ For example:
<https://www.forbes.com/sites/johndrake/2021/05/26/what-happened-to-the-flu/?sh=70076edb4d4d>

²² See Canada's Public Health Agency: <https://www.canada.ca/en/public-health/services/diseases/flu-Influenza/Influenza-surveillance/weekly-Influenza-reports.html>

Covid – Description, Symptoms and Occurrence

Description of Covid

The CDC states²³ that Covid is caused by infection with a coronavirus first identified in 2019, properly styled SARS-COV-2. Covid seems to spread more easily than flu.

Compared to flu, Covid can cause more serious illnesses in some people. Covid can also take longer before people show symptoms and people can be contagious for longer.

Because some of the symptoms of flu, Covid, and other respiratory illnesses are similar, the difference between them cannot be made based on symptoms alone. Testing²⁴ is needed to tell what the illness is and to confirm a diagnosis. People can be infected with both flu and the virus that causes Covid at the same time and have symptoms of both Influenza and Covid.²⁵

Symptoms of Covid

“Symptoms of Covid can vary from person to person. They may also vary in different age groups. Some of the more commonly reported symptoms include:

- feeling feverish
- new or worsening cough
- muscle or body aches
- headache
- chills
- fatigue or weakness
- new loss of smell or taste
- shortness of breath or difficulty breathing
- temperature equal to or over 38°C
- diarrhea gastrointestinal symptoms (abdominal pain)
- vomiting
- feeling very unwell”²⁶

Sore throat is not mentioned in the quoted list of symptoms, but appears on the check list for people considering whether to get tested. “Symptoms may take up to 14 days to appear after exposure to Covid.”²⁷

²³ <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>

²⁴ “The CDC has developed a test that will check for A and B type seasonal flu viruses and SARS CoV-2, the virus that causes COVID-19. This test will be used by U.S. public health laboratories. Testing for these viruses at the same time will give public health officials important information about how flu and COVID-19 are spreading and what prevention steps should be taken. The test will also help public health laboratories save time and testing materials, and to possibly return test results faster.” 20th August, 2020.

https://www.cdc.gov/flu/symptoms/testing.htm#anchor_1596736120603

²⁵ <https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm>

²⁶ <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html>

²⁷ <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html>

Occurrence of Covid

World: As of January 11, 2022, the World Health Organization estimated that more than 308 million²⁸ people worldwide had been infected with Covid, out of a world population estimated at 7.9 billion.²⁹

No figures for recovery are listed. However, the WHO estimates that over a period of 22 months, 5.49 million³⁰ people have died with Covid, or roughly one person in 1,444 of the total world population, and one person in 56 (1.8%) of those recorded as infected.

Deaths are therefore 0.069% of the total world population over 22 months.

Canada: As of January 11, 2022, 2.6 million positive tests³¹ for Covid have been reported in Canada since testing began in 2020, out of a population of more than 38 million³². In other words, 6.9 percent of the population produced a positive PCR test.

To January 11, there have been 30,957 Canadian deaths.³³ This is 1.18 percent of those infected and 0.08 percent dead of the total population.

Similar symptoms – Health Canada describes Influenza and Covid

<u>Influenza</u>	<u>Covid</u>
Fever	Feeling feverish
Cough	New or worsening cough
Muscles aches and pain, headache	Muscle or body aches
Chills	Chills
Fatigue (tiredness)	Fatigue, or weakness
Loss of Appetite	New loss of smell, or taste
Runny or stuffy nose	Shortness of breath or difficulty breathing
Diarrhea	Diarrhea, gastrointestinal symptoms
Nausea and vomiting	Vomiting
Sore throat	Feeling very unwell
	Temperature equal to or above 38 degrees C
	Headache

<https://www.canada.ca/en/public-health/services/diseases/flu-influenza.html#a1>

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html#s>

²⁸ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

²⁹ [https://www.worldometers.info/world-population/#:~:text=7.9%20Billion%20\(2021\),currently%20living\)%20of%20the%20world](https://www.worldometers.info/world-population/#:~:text=7.9%20Billion%20(2021),currently%20living)%20of%20the%20world)

³⁰ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

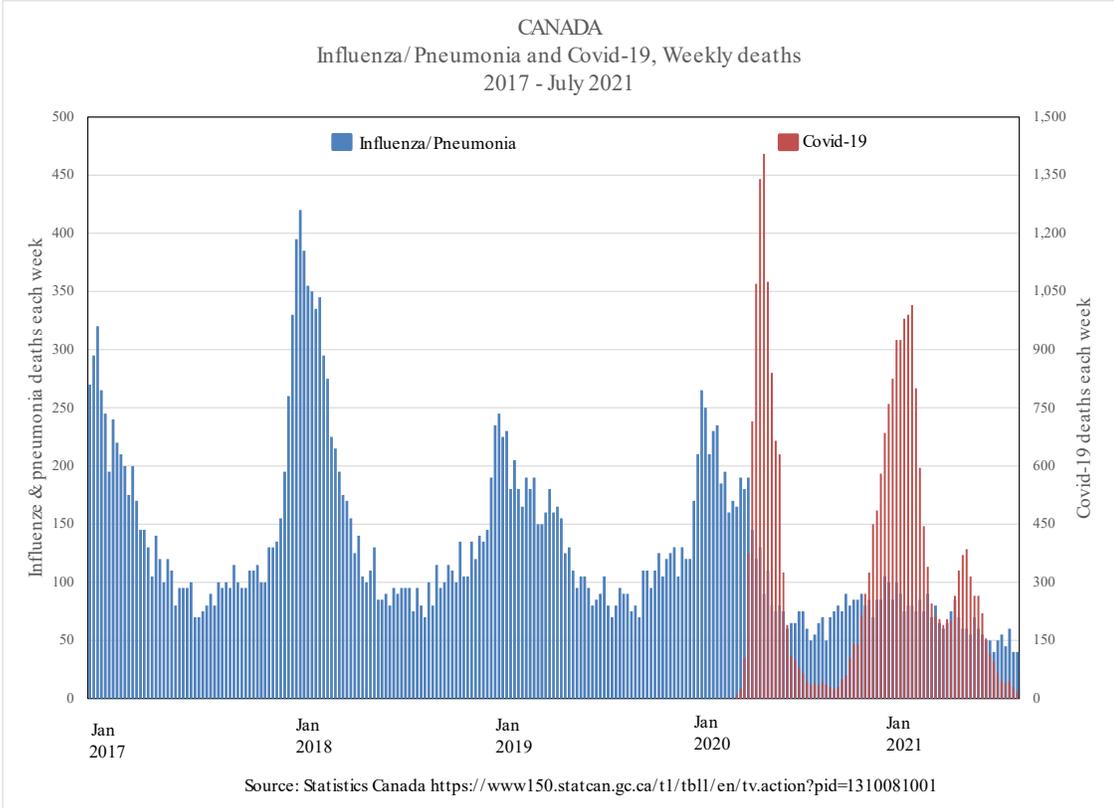
³¹ <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#a1>

³² <https://worldpopulationreview.com/countries/canada-population>

³³ <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#a1>

Similar trajectories

The severity of both Covid and Influenza vary on a seasonal basis – they are more dangerous in the winter months, but less so during the summer and early fall.



3) How bad is it? 130 years of epidemics rank-ordered³⁴

Covid has proved to be more destructive of human life than the typical seasonal flu. Nevertheless, aggregated deaths from Covid remain in the same universe as other contagious viral infections over the last 130 years.

The exception would be the 1918-19 Spanish flu, that was significantly worse.

It is also of great importance that the two viruses affected two different demographics.

Whereas the 1918 Spanish flu was deadliest among healthy young people,³⁵ it was the elderly and those especially with multiple co-morbidities who were most vulnerable to Covid, especially if they lived in an institutional setting. Comparatively few young Canadians have died with Covid. Again, almost all who died were already ill with other serious conditions.

This is significant because around the world Covid has generated extreme responses from governments and health authorities that were never applied during even the most severe Influenza epidemics. These extreme responses have generated harms of their own,³⁶ including deaths resulting from delayed diagnosis and treatment, despair leading to suicide, spousal abuse and child abuse, increased depression and mental illness, increased drug and alcohol abuse, and massive economic costs.

Death tolls, rank ordered (As of January 11, 2022)

World Epidemics (Epidemiologists estimate each outbreak lasted from 6 to 18 months)

1918 Spanish flu (~18 months) – 50 million + (World population 1.8 billion)³⁷ One person in 36.
2020-22 Covid (22 months) – 5,492,595³⁸ (World population 7.9 billion) One person in 1,444.

1889 Russian flu – 1 million+. (World population, <1.6 billion) One person in 1,600.

1957 Asian flu – 1.1 million (World population 2,873,306,090) One person in 2,870.

1968 Hong Kong flu – 1 million (World population 3,551,599,127) One person in 3,551.

2003 SARS – 8,000 worldwide.³⁹

³⁴ Except for 1918, world population numbers are from Worldometer.<https://www.worldometers.info/world-population/world-population-by-year/>

³⁵ <https://www.pc.gc.ca/en/culture/clmhc-hsmbc/res/information-backgrounder/espagnole-spanish>

³⁶ <https://www.jccf.ca/wp-content/uploads/2021/12/2021-12-14-Lockdown-harms-JC6.pdf>

³⁷ <https://www.biospace.com/article/compare-1918-spanish-influenza-pandemic-versus-covid-19/#:~:text=Of%20course%2C%20the%20world%20population%20in%201918%20was%20about%201.8%20billion.%20The%20higher%20estimate%20of%2050%20million%20deaths%20would%20suggest%20the%20Spanish%20flu%20killed%202.7%25%20of%20the%20world%20population%2C%20while%20the%2017.4%20million%20figure%20suggest%20about%201%25.>

³⁸ covid.who.int

The WHO warns: “Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO case definitions and surveillance guidance. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources. Due to public health authorities conducting data reconciliation exercises **which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed** in the new cases/deaths columns as appropriate.”

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³⁹ <https://www.cdc.gov/sars/about/fs-sars.html>

2009 H1N1 Swine flu 151,700 - 575,400. (World population 6.8 billion) Up to one person in 11,945.

The Spanish flu of 1918-19 claimed the lives of one out of every 36 people, making it about 40 times more deadly than Covid on the face of it, or making Covid only 2.5% as deadly as the Spanish flu.

However, this superficial 40:1 ratio does not even begin to take into account the fact that the Spanish flu killed large numbers of people in their 20s, 30s and 40s, whereas the impact of Covid on people in this age-range is negligible. In regard to their respective impacts on world population life expectancy, the Spanish flu is more deadly than Covid by a multiple far greater than 40.

Canadian Epidemics

Since the late 19th century, Canada has experienced five major viral events, in 1890, 1918, 1957, 1968 and 2009.⁴⁰ (Statistics estimate each outbreak lasted between 1-2 years.)

1918-19 Spanish flu⁴¹ – 55,000 deaths, in three waves over 12 months.⁴² (Population of Canada: 8,148,000)⁴³ One person in 148. (0.67% of total population.)

1890 Russian flu (Population of Canada: 4,779,000.) (Details uncertain, but thought to be less than 0.17%, or roughly one person in 600.)⁴⁴

2020-22 Covid – 30,957⁴⁵ deaths over 22 months. (Population of Canada: 38,436,447⁴⁶) One person in 1,241. (0.08 %)

1957 Asian flu – 7,000⁴⁷ deaths over ~6 months. (Population of Canada: 16,610,000⁴⁸) One person in 2,372. (0.04%)

1968 Hong Kong flu – 4,000⁴⁹ deaths over ~6 months. (Population of Canada: 20,701,000⁵⁰) One person in 5,175. (0.019%)

2009 H1N1 Swine flu – 428⁵¹ deaths. (Population of Canada: 33,630,000.⁵²) Up to one person in 78,574. (0.0013%)

It is important to note that these epidemic and pandemic events lasted anywhere from six months to two years, which complicates comparisons. For example, in 1957 roughly 7,000 Canadians died of the Asian Flu in just over six months (**1 in 2,372**). In 2020, more than twice as many

⁴⁰ <https://www.thecanadianencyclopedia.ca/en/article/Influenza>

⁴¹ Unlike most strains of Influenza, which are dangerous for those with reduced immunity (e.g., the elderly, the very young and those with pre-existing conditions), the 1918 Spanish flu tended to kill the young and healthy. Pneumonia contracted by a patient weakened by Influenza rather than Influenza itself was the major cause of death.

<https://www.thecanadianencyclopedia.ca/en/article/Influenza>

⁴² <https://www.pc.gc.ca/en/culture/clmhc-hsmbc/res/information-background/espagnole-spanish>

⁴³ <https://www.biospace.com/article/compare-1918-spanish-influenza-pandemic-versus-covid-19/#:~:text=Of%20course%2C%20the%20world%20population,million%20figure%20suggest%20about%201%25.>

⁴⁴ <https://www.thecanadianencyclopedia.ca/en/article/1890-flu-pandemic-in-canada>

⁴⁵ <https://www.worldometers.info/coronavirus/country/canada/>

⁴⁶ <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000901>

⁴⁷ <https://www.thecanadianencyclopedia.ca/en/article/Influenza>

⁴⁸ <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3610028001>

⁴⁹ <https://www.thecanadianencyclopedia.ca/en/article/Influenza>

⁵⁰ <https://countryeconomy.com/demography/population/canada?year=1968>

⁵¹ <https://www.thecanadianencyclopedia.ca/en/article/Influenza>

⁵² <https://www150.statcan.gc.ca/n1/daily-quotidien/090623/dq090623a-eng.htm#:~:text=As%20of%20April%201%2C%202009,Scotia%20and%20the%20Northwest%20Territories.>

Canadians died with Covid (15,472⁵³) but from a much larger population⁵⁴ and over a span of nearly 10 months (**1 in 2,457**). In 2021, rather fewer Canadians died with Covid (14,781⁵⁵) from a larger population yet,⁵⁶ and this time over 12 months (**1 in 2,600**). On an annualized basis therefore, Covid was slightly less deadly than the 1957 Asian flu. However, that it has lasted for nearly two years with five waves makes it self-evidently a more significant national event. When comparing events therefore, we are continuing to present the aggregated total death toll offered by the Government of Canada.

While Covid clearly merits our concern, it has directly infected only a small percentage of Canadians. Even after nearly two years, less than one tenth of one percent of the population has actually died from it. Compared to the impact of the Spanish flu on Canada, Covid's death rate in Canada is less than one eighth, and that does not even account for the Spanish flu's severe impact on population life expectancy because it killed primarily young and healthy people. For perspective, during the time when a little more than 15,000 Canadians died with Covid in 2020, more than 80,000 succumbed to cancer and 53,000 to heart disease.⁵⁷ Suicides in 2020 totalled 3,820 and more than 7,500 chose Medical Assistance in Dying.⁵⁸

As U.S. statistician Jeffrey H. Anderson⁵⁹ points out in the American context, it has been 'the worst in a century.' However, he continues, "As a threat to Americans' health... it is closer to the 1968 Hong Kong flu or the 1957 Asian flu – neither of which noticeably altered Americans' everyday lives – than to the 1918 Spanish flu. In a head-to-head comparison, Covid-19 makes the Spanish flu look like the Black Death of medieval Europe.... the typical American under the age of 40 in 1918 was more than 100 times as likely to die of the Spanish flu than the typical American under the age of 40 in 2020 was to die of Covid-19."⁶⁰

This also describes the Canadian experience: "The virulent Spanish flu, a devastating and previously unknown form of Influenza, struck Canada hard between 1918 and 1920. This international pandemic killed approximately 55,000 people in Canada, most of whom were young adults between the ages of 20 and 40."⁶¹ For comparison's sake, this was almost as many as the 60,000 young Canadians killed in action during the First World War.

Another study states, "A study of the age distribution of deaths due to Influenza between 1916 and 1921 reveals that the Spanish Influenza principally affected men and women between 15 and 44 years of age. Deaths associated with the seasonal Influenza of 1916, 1917 and 1921 represented 19.7%, 12.5% and 21.0% of all deaths respectively, whereas during the rawest moments of the Spanish Influenza, in 1918, the proportion of deaths due to flu for those aged between 15 and 44 years of age reached 68.2% in Paris and 66.3% in Madrid."⁶²

⁵³ <https://www.newswire.ca/news-releases/statement-from-the-chief-public-health-officer-of-canada-on-december-31-2020-875255075.html>

⁵⁴ 38,010,000. (4th Quarter 2020) <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000901>

⁵⁵ Report of Canada's Chief Public Health Officer, Dr. Theresa Tam, 30th December 2021. Dr. Tam states that since the start of the pandemic in 2020, 30,253 Canadians had died with Covid. Subtracting the 15,472 from 2020, leaves 14,781 from 2021.

<https://www.canada.ca/en/public-health/news/2021/12/statement-from-the-chief-public-health-officer-of-canada-on-december-30-2021.html>

⁵⁶ 38,436,447. (Fourth Quarter 2021.) <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000901>

⁵⁷ Statistics Canada, Table: 13-10-0810-01, Release date 6th December 2021.

⁵⁸ <https://www.canada.ca/en/health-canada/services/medical-assistance-dying/annual-report-2020.html>

⁵⁹ Director of the Bureau of Justice Statistics at the U.S. Department of Justice from 2017 to 2021

⁶⁰ <https://claremontreviewofbooks.com/the-masking-of-america/>

⁶¹ <https://www.pc.gc.ca/en/culture/clmhc-hsmbc/res/information-backgrounder/espagnole-spanish>

⁶² 'The Spanish Influenza pandemic in occidental Europe (1918-1920) and victim age' Anton Erkoreka.

<https://pubmed.ncbi.nlm.nih.gov/20167048/>

Thus, while Covid sadly shortened the lives of many older people already in poor health, the Spanish flu took people in the prime of life and left many orphans in its wake.

But numerically, with one Canadian in 1,241 dead over 22 months, Covid occupies the same universe as previous Influenza outbreaks – even considering Covid’s length and endurance -- between the statistically insignificant 2009 Swine flu in which one Canadian in 78,000 died and the 1918 Spanish flu that took as many as one Canadian in 148.

Making the comparison

So, Covid is not Influenza.⁶³ Covid is more contagious than Influenza. Among vulnerable populations – the elderly and those with co-morbid conditions – it is also more dangerous. But, not among the less vulnerable. Dr. Jay Bhattacharya compares the two as follows:

“The mortality danger from Covid-19 infection varies substantially by age and a few chronic disease indicators.⁶⁴ For much of the population, including the vast majority of children and young adults, Covid-19 infection poses less of a mortality risk than seasonal Influenza. By contrast, for older populations – especially those with severe comorbid chronic conditions – Covid-19 infection poses a high risk of mortality, on the order of a 5% infection fatality rate.”⁶⁵

But being a contagious respiratory illness, Covid still has many things in common with Influenza.

- The symptoms are similar. As the CDC states, “Testing is needed to tell what the illness is and to confirm a diagnosis.”⁶⁶
- Like Influenza, it appears to be a seasonal illness. Even since vaccines became available, it followed the same trajectory as flu – a winter ailment that became less common during the summer months, before returning in late fall/early winter.

And so, Covid appears not to be Influenza, but is like Influenza. And, when defining an effective response, too much should not be made of the differences: A car is not a truck but the rules of the road apply to both. So, it makes sense to ask, ‘Are the effects of Covid so qualitatively different from Influenza that it merits such an extreme response?’ The numbers tell us that they are not.

⁶³ <https://www.jhsph.edu/covid-19/articles/no-covid-19-is-not-the-flu.html>

⁶⁴ Public Health England (2020) Disparities in the Risk and Outcomes of COVID-19. August 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

⁶⁵ ‘Lockdowns and the Science of COVID.’ Page 3. <https://www.jccf.ca/wp-content/uploads/2021/06/2021-06-24-Lockdowns-and-the-Science-of-COVID-Dr.-Jay-Bhattacharya.pdf>

⁶⁶ https://www.cdc.gov/flu/symptoms/testing.htm#anchor_1596736120603

4) Conclusion – Responding to pandemics

In Canada, both federal and provincial responses to Covid have assumed that the virus was not only dangerous, but uniquely so and on a scale significantly larger than Influenza. Yet Covid's impact on Canada's population does not differ significantly from the Asian flu of 1957, with both viruses sparing more than 99.9% of Canadians. However, with the comparisons in Section 3 in mind, it seems it was not so much the virus itself as our response to it that made it so consequential.

To review, in 22 months one Canadian in 1,241 has died with Covid, or 1 in 2,457 over the first 10 months. The 1957 Asian flu, which in Canada lasted about 6 months⁶⁷ killed one in 2,372 and the 1968 Hong Kong flu (also around 6 months)⁶⁸ killed one in 5,175. Given the increased longevity of the current pandemic compared to the others, Covid still occupies the same statistical space as the Asian flu and the Hong Kong flu.

Conversely, the Spanish flu killed Canadians at nine times the rate that Covid has – one in 148 – a truly terrifying total. Covid thus emerges from the statistics as a significant public health hazard, comparable in its effects and seasonal ebb and flow to a really, really bad Influenza but not – like the 1918 Influenza epidemic – as a scourge of biblical proportions.

Canada's federal and provincial governments continue to pass laws and implement policies as though the discredited modelling⁶⁹ of Dr. Neil Ferguson in March of 2020, and his comparison of Covid with the Spanish flu, are correct. Yet it was already clear by May of 2020 that Covid's impact on population life expectancy was a tiny fraction of the death toll which the Spanish flu inflicted on the world in 1918-20. It is even more apparent today, now that we possess 22 months of data on Covid.

Let us be clear: For Covid to be as destructive of life as was the Spanish flu a hundred years ago, an equivalent mortality today from Covid would see more than a quarter of a million Canadians dead, as opposed to a number close to 30,000 that have so far succumbed over nearly two years.

Let us also be fair. Given the high standing of Dr. Ferguson and Imperial College, the dire warning they offered and the urgency Dr. Ferguson portrayed, it is understandable that Canada's health establishment decided to act first and ask questions later. In light of the limited information that existed in March of 2020, “two weeks to flatten the curve” could be defended at that time as a sensible and necessary precaution.

Further, a strangely uncurious media both in this country and elsewhere reported Dr. Ferguson's predictions as accurate or at least plausible, raising the public's anxiety. Between Dr. Ferguson

⁶⁷ <https://www.cbc.ca/archives/entry/the-asian-flu-arrives-in-canada#:~:text=February%201957.%20It%20hit%20Canada%20in%20the%20fall%20of%20that%20year%2C%20forcing%20the%20closure%20of%20schools%2C%20public%20gathering%20places%20and%20eventually%20killing%20an%20estimated%20%2C000%20people.%20By%20the%20time%20it%20had%20run%20its%20course%20in%20the%20spring%20of%201958%2C>

⁶⁸ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31201-0/fulltext#:~:text=Yet%2C%20while%20at%20the%20height%20of%20the%20outbreak%20in%20December%2C%201968%2C%20The%20New%20York%20Times%20described%20the%20pandemic%20as%20%E2%80%9Cone%20of%20the%20worst%20in%20the%20nation%27s%20history%E2%80%9D%2C%20there%20were%20few%20school%20closures%20and%20businesses%2C%20for%20the%20most%2C%20continued%20to%20operate%20as%20normal.](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31201-0/fulltext#:~:text=Yet%2C%20while%20at%20the%20height%20of%20the%20outbreak%20in%20December%2C%201968%2C%20The%20New%20York%20Times%20described%20the%20pandemic%20as%20%E2%80%9Cone%20of%20the%20worst%20in%20the%20nation%27s%20history%E2%80%9D%2C%20there%20were%20few%20school%20closures%20and%20businesses%2C%20for%20the%20most%2C%20continued%20to%20operate%20as%20normal.)

⁶⁹ <http://www.biotech.ca/wp-content/uploads/2020/03/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>

and the media, preventing the spread of Covid became the moral equivalent of war. On the strength of that belief, Canadian provincial health authorities (with the blessing of elected officials) implemented Non-Pharmaceutical Interventions, better known as lockdowns.

What is neither so understandable nor so forgivable is that long after it became clear that Dr. Ferguson's estimates were not going to be validated by actual events, the default response of Canadian governments continued to be Dr. Ferguson's lockdown prescriptions. As many expert sources now acknowledge,⁷⁰ this unprecedented response turned out to be more damaging than the harms of Covid itself. Even the WHO rescinded its unqualified support for lockdowns.⁷¹

Why governments did so is beyond the scope of this paper,⁷² as is a detailed and comprehensive examination of the harmful consequences of lockdowns,⁷³ which no government in Canada is pursuing intentionally, although some government records, such as Statistics Canada, are helpful. Within a month of the publication of Dr. Ferguson's paper,⁷⁴ Canada's unemployment rate had climbed from under eight percent to more than 13 percent,⁷⁵ and six million Canadians had applied for emergency assistance benefits.⁷⁶ Thousands of small businesses deemed "non-essential" by politicians were shuttered, destroying tens of thousands of livelihoods. The travel, hospitality and restaurant industries were shattered for a year and are far from having recovered. Many enterprises never recovered. Government support programs ushered in a culture of dependency among lower-wage workers and allowed the Government of Canada in one year to almost double Canada's national debt.

In this sense of using lockdowns to try to stop a virus, Covid was indeed the most consequential pandemic in a hundred years. However, only in that sense. Otherwise, government-ordered lockdowns were a gross over-reaction to a situation that in the past, would not have interrupted Canadians about their business.

British historian Niall Ferguson (not to be confused with Imperial College's Dr. Neil Ferguson) speaks for Canadians as much as the Americans of whom he writes when he said in the Wall Street Journal⁷⁷ that Americans' reaction to Covid, has been "radically different" from their behavior during the Influenza outbreaks of 1968, 1957, or even the apocalyptic event of 1918.

⁷⁰ There are many. Here is a selection.

Joffe: <https://www.frontiersin.org/articles/10.3389/fpubh.2021.625778/full>

<https://edmontonjournal.com/opinion/columnists/david-staples-lockdowns-will-cause-10-times-more-harm-to-human-health-than-covid-19-itself-says-infectious-disease-expert>

<https://nypost.com/2020/10/06/medical-experts-lockdowns-do-more-harm-than-good/>

<https://www.thestar.com/opinion/contributors/the-saturday-debate/2020/11/21/the-saturday-debate-are-pandemic-lockdowns-causing-more-harm-than-good.html>

<https://www.bloomberg.com/opinion/articles/2020-10-13/lockdowns-are-a-step-too-far-in-combating-covid-19>

⁷¹ <https://www.abc.net.au/news/2020-10-12/world-health-organization-coronavirus-lockdown-advice/12753688>

⁷² Speculation might begin with the motivations of those involved. There were no rewards for public servants who counselled moderation but censure would be certain for any official who prescribed a nuanced response that could be represented later as insufficient. Elected officials meanwhile, were happy to avoid personal accountability by proclaiming their trust in the experts. No officials, elected or unelected, had any incentive to diminish the possible impact of the virus.

⁷³ https://www.jccf.ca/wp-content/uploads/2021/12/2021-12-14-Lockdown-harms_JC6.pdf

⁷⁴ March 16, 2020

⁷⁵ <https://www.ceicdata.com/en/indicator/canada/unemployment-rate>

⁷⁶ <https://www.cbc.ca/news/politics/covid19-benefits-cerb-1.5530722>

⁷⁷ 'How a more resilient America beat a midcentury pandemic.' 30 April 2021.

<https://www.wsj.com/articles/how-a-more-resilient-america-beat-a-midcentury-pandemic-11619794711>

Mr. Ferguson wrote that in the 18 months up to the end of April this year, Congress had authorized about 2 million *times* as much money to deal with Covid as President Eisenhower asked of Congress in 1957 to deal with the Asian flu. Even allowing for more than 60 years of inflation, this level of indebtedness is a very different order of magnitude to the level of threat presented by Covid. Furthermore, there were no widespread school closures in 1957, and no travel bans or mask mandates. Mr. Ferguson cites Clark Whelton, a former speechwriter for New York mayor Ed Koch, who wrote “For those who grew up in the 1930s and 1940s, there was nothing unusual about finding yourself threatened by contagious disease. Mumps, measles, chicken pox, and German measles swept through entire schools and towns; I had all four.... We took the Asian flu in stride.”⁷⁸

What Ferguson says of the American hyper-reaction to Covid is true of the reaction in Canada. To extinguish a bonfire, Canada rolled out a firehose. Less costly and less invasive responses were never tried. Since May of 2020, when a significant volume of data about Covid had become publicly available, the Justice Centre has argued that lockdowns were (and are) an unjustified violation of Canadians' *Charter* rights and freedoms.

Perhaps some government officials are changing their mind. Alberta's Chief Medical Officer of Health Dr. Deena Hinshaw, stating initially that vaccines would stop Covid from spreading, declared that she would treat Covid not as an emergency, but as an ongoing situation. In a column that appeared over her byline in the *Calgary Herald* on August 4, 2021, she spoke of lockdowns' 'unintended consequences' and stated unequivocally that the harms they caused were also threats to health:

“These extraordinary measures were necessary and effective, but they also came with unintended consequences that harmed the health of Albertans in other ways. I care deeply about the health of all Albertans. This means I have to constantly consider not just Covid-19 but all the other threats to people's health. The majority of our public health resources have been directed at the Covid-19 response, as has been necessary. That has come at the cost of not fully working on other threats, like syphilis and opioid deaths. As vaccine coverage has changed the nature of the province-wide risk of Covid-19, it is time, in my opinion, to shift from province-wide extraordinary measures to more targeted and local measures. This allows us to start looking at other issues while still continuing Covid-19 protective measures in areas of high risk and responding to local outbreaks where the health system is under threat.”

Here Dr. Hinshaw advocated for a proportionate and rational approach, which could have and should have been adopted by April or May of 2020, when it had become clear that Dr. Neil Ferguson's worst-case scenario was not going to happen.

⁷⁸ <https://www.city-journal.org/1957-asian-flu-pandemic>

Going forward

Humanity has been afflicted over the centuries by many viral epidemics, Influenza especially.

However, the 2020 Covid pandemic response is the first time in recorded history that governments have, instead of confining infected people where they cannot infect others, mandated that healthy people should isolate themselves at home as much as possible, for months on end, and have shut down large swaths of society and the economy for extended periods of time.

Draconic measures like lockdowns, and now mandatory vaccination polices, were never justified by the medical differences between Covid and Influenza. And yet, even though vaccination is now widespread and statistics show the Delta and Omicron variants to be less deadly (even if they admittedly travel more quickly through a population), the pro-lockdown lobby remains vocal and still possesses credibility in many quarters.

Take for example the remarks of Alberta's Premier Jason Kenney, when he promised (26 May, 2021) that subject to certain conditions, the province would be 'Open for Summer.' "Albertans have stopped the spike and now we can start safely lifting restrictions so we can have a truly great Alberta summer. If we stay on track with vaccines and hospitalizations, Alberta will be fully open by July!"⁷⁹

So Alberta opened. But the clear implication was that if Albertans didn't stay on track, back would come the restrictions, and return they did.⁸⁰ The introduction of vaccine passports in Alberta and every other province in September of 2021 was, like lockdown measures, predicated on an irrational fear that ignored Covid data from the preceding 16 months. Governments are still behaving as though we're dealing with the Spanish flu of 1918.

Then there was the CBC publication⁸¹ that in October 2021 quoted Michael Osterholm, director of the Centre for Infectious Disease Research and Policy at the University of Minnesota. He argued that to maintain the credibility of the lockdown approach, the term 'lockdown' itself should be dropped. The word, but not the approach.⁸²

Opinion leaders use the same talking points in the U.S. For example, the LA Times (19 May, 2021) ran an article⁸³ headlined: "Lockdown should be considered as an effective public health intervention to halt epidemic progression." The column argued that:

- 1) Lockdowns played an important role in reducing caseloads.
- 2) Economic damage was inconsequential, as voluntary actions of people drove the economic downturn.

⁷⁹ <https://calgaryherald.com/news/local-news/watch-live-at-1130-a-m-kenney-to-announce-reopening-strategy-for-alberta>

⁸⁰ [Alberta.ca/covid-19-orders-and-legislation.aspx](https://alberta.ca/covid-19-orders-and-legislation.aspx)

⁸¹ <https://www.cbc.ca/news/health/coronavirus-lockdowns-canada-1.5774188>

⁸² Ibid.

⁸³ <https://www.latimes.com/business/story/2021-05-19/covid-lockdowns-worked>

The LA Times is one of a small handful of newspapers and television stations that set the agenda for public discussion in the U.S., and from which second and third-tier news outlets take their cue.

The narrative had already been formed then. The establishment consensus on both sides of the border, peddled at the top by politicians for whom the appearance of leadership was more important than the achievement of actual results, and echoed by a strangely docile media, is that to stop the spread of a virus you apply restrictions. That is, you close some businesses entirely, restrict others, and tell people to stay home and, above all, not to be together.

Nobody disputes that when hostile viruses appear, Canada's elected leaders can and should take effective, targeted measures to protect vulnerable people. This is especially so of those living in long-term care. During the past 22 months, our elderly have proved to be the most vulnerable of all. But shutting down large parts of the economy and society is a formula for enduring distress.

Getting it right

Canadians have the chance to draw the right lessons from their lockdown experiences. Going into their second winter of government restrictions on their *Charter* freedoms, including in many cases their ability to work, it is therefore of the utmost importance that Canadians see how quickly and dramatically they have lost a large portion of their fundamental freedoms to move, travel, associate, assemble and worship, not to mention the *Charter* right to bodily autonomy when it comes to deciding what will or will not be injected into our bodies.

It is time to confront the Covid narrative of extreme fear. Covid is not going anywhere; neither is Influenza. Whatever differences are exposed by an examination in a research lab, they are functionally too similar to merit different approaches. If we can 'get on' with Influenza, we can 'get on' with Covid. We must learn to live with both of them.

There will always be viruses to contend with, and there will be other pandemics. What Canadians cannot afford is the continuation of government policies that are predicated on the false predictions of Dr. Neil Ferguson. He was wrong, and it's time that our *Charter* rights and freedoms are again respected, and we return to normal living and activities.