

COVID-19 “Fun with Figures”: Food for Thought

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Contrast Covid’s impact on four East Asian countries (Taiwan, Singapore, Japan and South Korea) with its impact on four US Northeastern states (New York, Massachusetts, New Jersey and Connecticut). All eight jurisdictions host high-tech societies with market-orientated economies and democratic constitutions. All boast ultra-modern hospitals, medical colleges and public health programs.

Two differences: a) compared to the US Northeast, the East Asian countries engage in *more* trade and travel with Covid’s epicentre, China; and, b) Covid toured East Asia *before* debuting in the US Northeast.

New York state’s population (19.5 million) is slightly smaller than Taiwan’s (23.8 million). Covid has killed 837 Taiwanese, and 54,895 New Yorkers.

Massachusetts’ population (6.9 million) is comparable to Singapore’s (5.9 million). Covid fatalities in Massachusetts – 18,272. Covid fatalities in Singapore – 55.

The combined population of our four Northeastern states (38.7 million) is well below South Korea’s (51.3 million). Covid’s death toll in our Northeastern states is 108,480. Only 2,303 South Koreans have died from Covid.

Our four East Asian countries (207 million) register a total of 19,308 Covid deaths. New Jersey (8.9 million) claims 26,919 Covid deaths.

Per capita, Covid has proven 341 times deadlier to New Jersians than Singaporeans!

Regarding Covid testing rates, Singapore is East Asia’s outlier. By conducting 17.8 million tests Singaporeans have achieved 3 tests per citizen. This still falls short of New York’s 3.3 tests per citizen and Massachusetts’ 3.8 tests per citizen. (You’ve read correctly. Certain people get tested again and again.)

Most East Asian countries, following Japan’s lead, test only patients exhibiting pneumonia-like symptoms. Japan tests 174,000 per 1 million inhabitants. Our four East Asian countries

cumulatively have conducted 58 million tests. New York has conducted 66 million.

Massachusettsans test for Covid at 22 times Japan's rate!

Medical tyranny boosters attribute East Asia's "success" to harsh public health regimes; but Northeastern states imposed notorious lockdowns, often more Draconian than those deployed in East Asia.

Testing strategies are key. Testing only symptomatic patients is sounder than mass testing. Asymptomatic Sars-CoV-2 carriers are extremely unlikely to be contagious. Most people who contract Sars-CoV-2 become neither sick nor contagious.

PCR tests detect: a) miniscule infections that will not take hold; b) dead viruses from infections defeated by natural immune responses; and c) random genetic flotsam resembling Sars-CoV-2. Mass testing yields positive results from persons who are neither sick nor contagious, and who are unlikely to become so.

By inflating case counts, mass testing makes Covid appear worse than it is. Likewise, declaring all those who die after testing positive to be "Covid fatalities" - co-morbidities be damned - inflates death tallies; again, making Covid appear worse than it is.

Testing-based legerdemain doesn't fully explain the whopping discrepancy between Covid's impact in East Asia and the US Northeast. This discrepancy also arises from the fact that the US Northeast was one of several areas following Milan's lead i.e., during the pandemic's early months health authorities allowed the contagion to rage unchecked through long-term care facilities. Senior's homes became Sars-CoV-2 incubators. Milan, Montreal, the US Northeast et al became *continental super-spreader* evidenced by supersized body counts.

Covid-19 is one matter; government response to Covid-19 is quite another.

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