

The Shanker Chronicles – Season 1, Episode 3 – Self-Reg, COVID & Safety

Show Notes and Key Points from Dr. Shanker:

- Presenting to the cabinet on corporal punishment parenting. I had prepared carefully with charts and research.
 - Responded with “I don’t care about your facts”
 - They were representing a base in which parents prized corporal punishment
- Politicians can lead or lag
- Listen to their public health officials, or amplify the biases of their supporters

- Trump and his focus groups:
 - DeSantis, trying to grow his base beyond FL - And apparently, successfully
 - DeSantis has raised \$56 million so far this year through a political committee, and in a sign of his growing national stature, almost half of his 2021 haul has come from outside Florida.
 - Not about to change his stance, regardless of death rate in the state

- You pay a big political price for going against your base
 - George H. Bush: elected on the promise that he wouldn’t raise taxes (“read my lips”)
 - Then found himself forced to work with the Democrats to raise taxes to fight the ballooning deficit
 - But it wasn’t just the base but Perot and Buchanan that turned the base against him
 - And he turned out to be a one-term President

- But when we're talking about our very survival, we want science and not strong emotions to rule:
 - The problem is, science can be just messy
 - Especially in something as complex as COVID
 - Epidemiologists don't quite know what to make of the current data: the reason why infections are going up in highly vaccinated countries like Belgium and Germany
 - And Scientists and public health officials can make mistakes
- Decision-makers in every country had the near-impossible task of choosing to enact or refrain from a range of policy options, each of which could benefit or harm different sections of their societies in different ways, during a rapidly unfolding global pandemic
- Countries are unique, and randomized trials of such population-wide policies are impossible:
 - Mishra et al. 2021, team approach, used counterfactual modelling to try to shed some light on the question
 - They looked at two countries that socially and economically are quite similar, but their public health officials adopted very different policies and have had strikingly different outcomes:
 - Sweden, pop 10.35 million
 - 1480 deaths/1M
 - 15,078 total deaths
 - Denmark: pop 5.831million
 - 482 deaths/1M
 - 2,807 total deaths
- Initially, Denmark and Sweden had similar epidemic trajectories, suggesting similar levels of infection
- However, policy responses to COVID, formed by public health officials, differed markedly between the two countries
- Denmark went the lockdown route
- Sweden chose to rely on voluntary, rather than mandatory, control measures

- The Swedish idea was that, given their strong sense of citizenship, Swedes would voluntarily choose to
 - avoid crowded public places
 - frequent hand washing/using hand sanitizer
 - avoid going to work if feeling ill
- But it turned out that these three behaviour changes were greater in Denmark than in Sweden
- Denmark introduced major social distancing policies a few days earlier than Sweden, and with an epidemic doubling time of 3–4 days a 3-day difference in the introduction of measures can lead to twofold differences in mortality
- Following the introduction of controls between March 13th and 18th, Denmark’s epidemic flattened more rapidly than Sweden’s, and by August 2020 Sweden had a five-fold higher mortality than Denmark
- the major difference between Sweden and Denmark was the rapidity with which population contact rates were reduced
- counterfactual assessment: what would the impact have been, had each country adopted the others’ policies
- how would the Swedish approach to COVID-19 management have affected the epidemic of Denmark? Conversely, what impact would the policies of Denmark have had on the Swedish epidemic?
- We estimate that if Denmark had adopted Swedish policies, and introduced them at the same stage of its epidemic, mortality would have been between three and four times higher, and thus Denmark would have experienced similar per-capita mortality to Sweden
- If Sweden had adopted Danish policies, both the absolute and relative approaches imply that there would have been approximately one fifth as many deaths

- The counterfactuals therefore demonstrate that small changes in the timing or effectiveness of intervention policies can lead to large changes in the resulting cumulative death toll
- Mishra, S., Scott, J.A., Laydon, D.J. *et al.* Comparing the responses of the UK, Sweden and Denmark to COVID-19 using counterfactual modelling. *Sci Rep* **11**, 16342 (2021). <https://doi.org/10.1038/s41598-021-95699-9>

The point is, government policies can make a huge difference. Look at US today

- We are seeing the results of real-time experiments today
- Difference between vaccinated States: 4 times more likely to get COVID and 5 times more likely to die
- Costs to the health care system
- Now we have Austria and Singapore
- Similar to banning smoking in public places
- The example of the anti-smoking campaign
 - What ended smoking: the change in public opinion
 - What triggered that change was the US Surgeon General's 1964 Report
 - In 1966 the first cautionary label appeared on cigarette packs, stating that cigarette smoking "may be hazardous to your health"
 - The public perception of smoking about this time began to shift, making smoking a less acceptable social practice.
 - Evidence regarding the health consequences of second-hand smoke strengthened in the 1970s and '80s
 - The 1988 Surgeon General's Report: smoking not just a "habit" but in fact addictive in ways similar to the dependency-creating powers of heroin, cocaine
- All this time, Tobacco companies were trying to shape public opinion
- The tobacco industry hired a public relations firm to implement a massive campaign to challenge the evidence

- Medical doctors and academic scholars were hired to defend the industry's claim that the evidence was "merely statistical"
- The public relations campaign -- which would extend for over 40 years -- was designed with the goal of reassuring the public, especially current smokers, that the question of whether smoking caused harm was an "open controversy", that there was no real link between smoking and disease
- But it was the scientists who won: Adult per capita consumption has declined by about 70% since the Surgeon General's 1964 Report

- Are political leaders doing the same as the tobacco companies?
- Trump administration influencing the CDC guidance so as to suppress testing for political reasons
- The effect of politicizing the office of the Surgeon General in Florida
 - maybe out of denial or the genuine belief that it's for the greater good (Neville Chamberlain)
 - or trying to reconcile major competing issues (depression)
 - or maybe just for crass political gain
- The worry that fringe political groups are capitalizing on anti-vax feelings to build their own political support

- We want government to keep us safe
 - As a society, we are looking for something like that 1964 Surgeon General's Report
 - Definitive proof that the lockdown protects, that the vaccines are safe and that they will protect us
 - The newest twist: the "natural immunity" argument, turning the extraordinary infection rates in the US on its head
 - Close to 50 million infections, close to 800,000 deaths
 - But the question of "natural immunity" is unbelievably complex and individual

- We don't have debate about smoking today

- **Self-Reg to create the conditions where rational debate is possible**, where scientists and doctors are listened to before they are dismissed, let alone threatened!
- If nothing else, we need to agonize over what they say
- And they need to agonize how they say it: the work of Lesley Lutes at UBC. But science communication can only take us so far
- Something more is needed:
 - Takes passion and facts, Red Brain and Blue Brain
 - We need to feel a shared sense of survival
 - Unity, collective will – Churchill during the war
 - That doesn't come about as a result of rational argument
- This links to the importance of TMC's and SRG's mission statement and values
- It comes from recognizing the stresses that are blocking the sense of shared harmony
 - Tuning out the voices that are trying to stop that from happening

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