

Did we need to be so isolated?

Doctor critical of state's response to COVID-19

By DANA RICHIE

Dr. Andrew Bostom, a former Brown Medical School professor with a background in epidemiology and conducting clinical research trials, is out to prove that the state of Rhode Island botched its response to COVID-19 in an effort to avoid what he sees as mistakes being repeated.

He has been compiling his own ideas about the COVID-19 pandemic and sharing them with the public since 2020. Most recently, his efforts culminated in a lecture "An Evidence-Based Re-Examination of Rhode Island's COVID-19 Response" in which he expressed his doubts and criticisms of the state's response to the COVID-19 pandemic in front of an audience of 30 people at the Warwick Public Library on May 13. He delivered a similar lecture at the Cranston Public Library on April 20 in front of approximately 60 people.

Bostom was compelled to conduct his own investigation when he saw then governor Gina Raimondo's use of short term hospitalization models on April 16, 2020. He claimed that the estimates for both the Poor Social Distancing Model and Good Social Distancing Model grossly overestimated the stress on hospitals. According to his figures the Good Social Distancing Model predicted 2,250 occupied COVID beds within the state by May 3, 2020, when in reality, it was 350.

When informed of Bostom's claims, Joseph Wendelken, Public Information Officer for the Rhode Island Department of Health, said that while in constant communication with hospitals, hospital leadership confirmed that at the time, hospitals "were indeed extremely stressed." He added that all of the metrics the department used, including hospital visit capacity and Emergency Department visits, indicated this as well.

For Bostom, that April 16 press conference was the

moment that "locked us down" and ignited his urge to look into the state's response on his own.

Bostom said he "marinated in the literature for the last three years," drawing upon scientific studies, news media, data from the Rhode Island Department of Health and public records, saying there is "no substitute for reading as broadly and widely as you can."

"I was very curious," he said. "Why was it managed this way? What was the justification for it? Why were the officials responsible for the models never held accountable for how miserably they failed in real time?"

Conclusions supported by others

At the presentation, Bostom assembled guest testimonies from a range of professionals including healthcare providers, a parent, a teacher, an entrepreneur, a lawyer, a state politician and an independent journalist. He said that these guest speakers and those in attendance were "sympathetic to these ideas."

Gregory Piccirilli, a lawyer and guest speaker at the lecture, was impressed by Bostom, describing him as "the brightest man I ever met." He said that he's used Bostom as an expert witness in numerous cases since the summer of 2021.

Malcolm Najarian, owner of the Café Bon Ami and self-described "COVID disagreeer," spoke at both the Cranston and Warwick lectures. He described Bostom as a "genius with off-the-charts intelligence."

"I went to the first seminar and I listened to him, and he spoke incessantly for an hour and a half," Najarian said. "I was like 'who is this guy?'"

Bostom makes the case that state responses were excessive, largely ignoring the notion that infection fatalities were significantly stratified by age and impacted by comorbidity. He claimed that COVID-19 fa-



Dr. Andrew Bostom

talities are often "disproportionately elderly and heavily burdened with multiple, chronic comorbidities." Throughout his talks, Bostom holds up the Swedish Model as his gold standard. He praised the fact that they never had a lockdown, never closed schools and never had a mask mandate.

"If you're going to impose restrictions or if you're going to impose treatments, you're going to target the vulnerable," Bostom said. He added that the answer should not have been to lock healthy people "out of their livelihoods...and cause economic and social havoc for something that's not going to affect them."

Wendelken recognized that those who were older and lived with comorbidities were at a greater risk of extreme cases of COVID-19. He added that it was precisely this observation that guided department action. "All the work we did to try

to limit transmission was to protect people who were most vulnerable to serious health outcomes from COVID-19, as well as the population as a whole," Wendelken said.

Wendelken disagreed with the Swedish model, citing an article that identified that "during 2020, however, Sweden had ten times higher COVID-19 death rates compared with neighboring Norway."

Bostom also argued that neither surgical or N-95 masks are effective to prevent the spread of Influenza or COVID-19. Additionally, he claimed that many officials ignored natural immunity, claiming that it has more "robust and enduring immunity" than that produced by vaccines.

Wendelken disagrees with these claims. He said that many studies have proven the efficacy of masking, with the preventative benefits of a combination of source control and wearer

protection. Wendelken added that the vaccines are "safe and effective." While acknowledging that infection "prompts the body to produce an immune response," he said that "vaccine-induced immunity helps avoid the health risks associated with COVID-19 infection."

'Right decisions at right time'

Not all academics share Bostom's beliefs. Dr. Stephen Buka, founding chair of Brown University's department of epidemiology, believes that the state's response followed infectious disease principles when making major decisions given that there is always a part of the population that is more vulnerable to an infectious disease.

He added that it's "easy after the fact to point out where things went wrong" but given the potential of a "tsunami of this unknown,

serious infectious disease coming along," he thinks public health officials made the right decisions at the time.

"Preparing for a realistic but possibly worse-case scenario, extreme measures were taken," Dr. Buka said. "If we hadn't, once the system is overwhelmed, it spirals. If we couldn't keep up with the treatment demands and infections were surging behind the hospitalizations, then everything goes bad immediately. Then you have death and destruction of an incomparable volume. Might it have been erring on the side of caution? Maybe. Was it irresponsible? No way. It was hugely responsible from the perspective of protecting the welfare of the population."

Bostom continues to advocate that "we're still living with the consequences" of the state's response to the pandemic.