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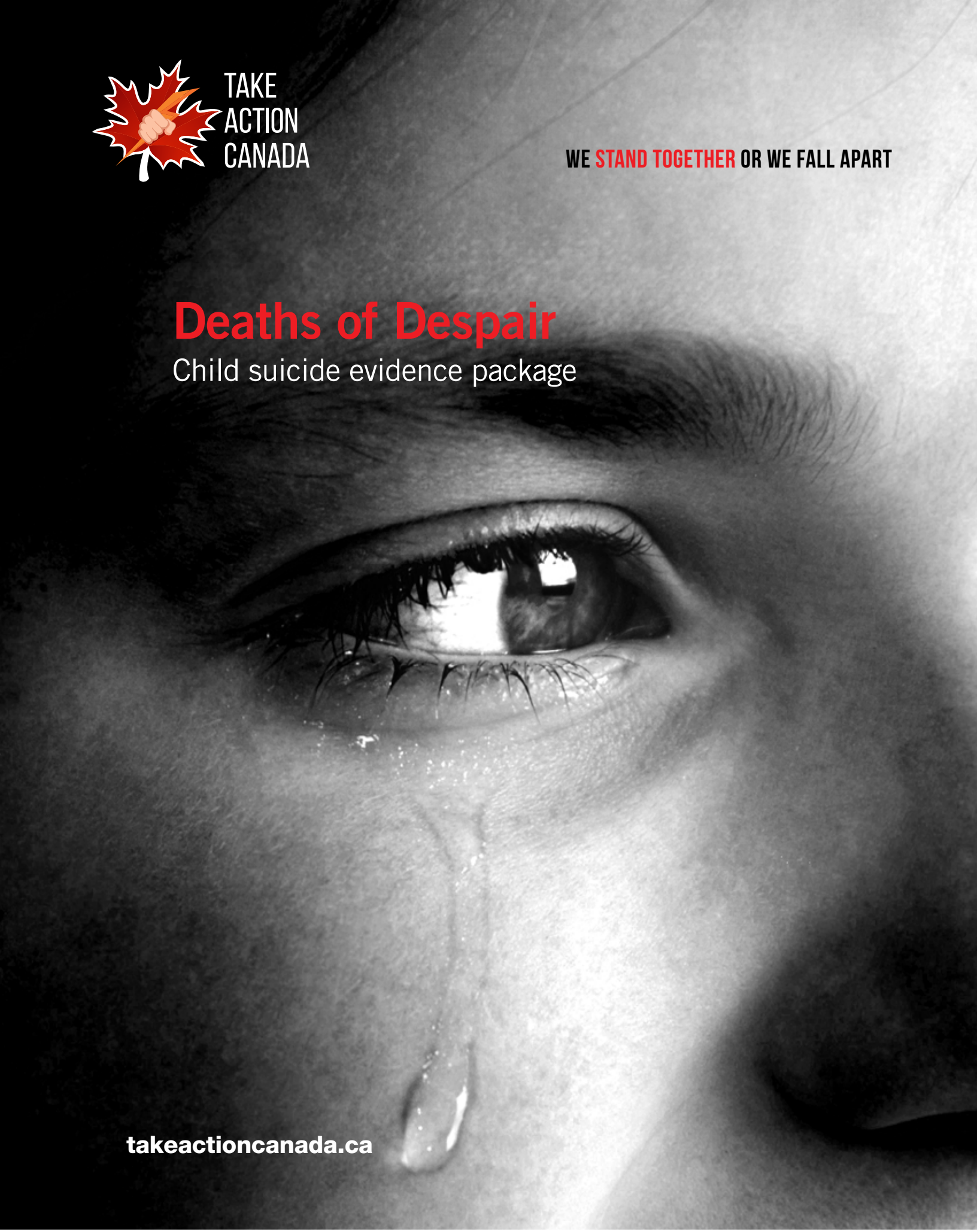
WE STAND TOGETHER OR WE FALL APART

Deaths of Despair

Child suicide evidence package



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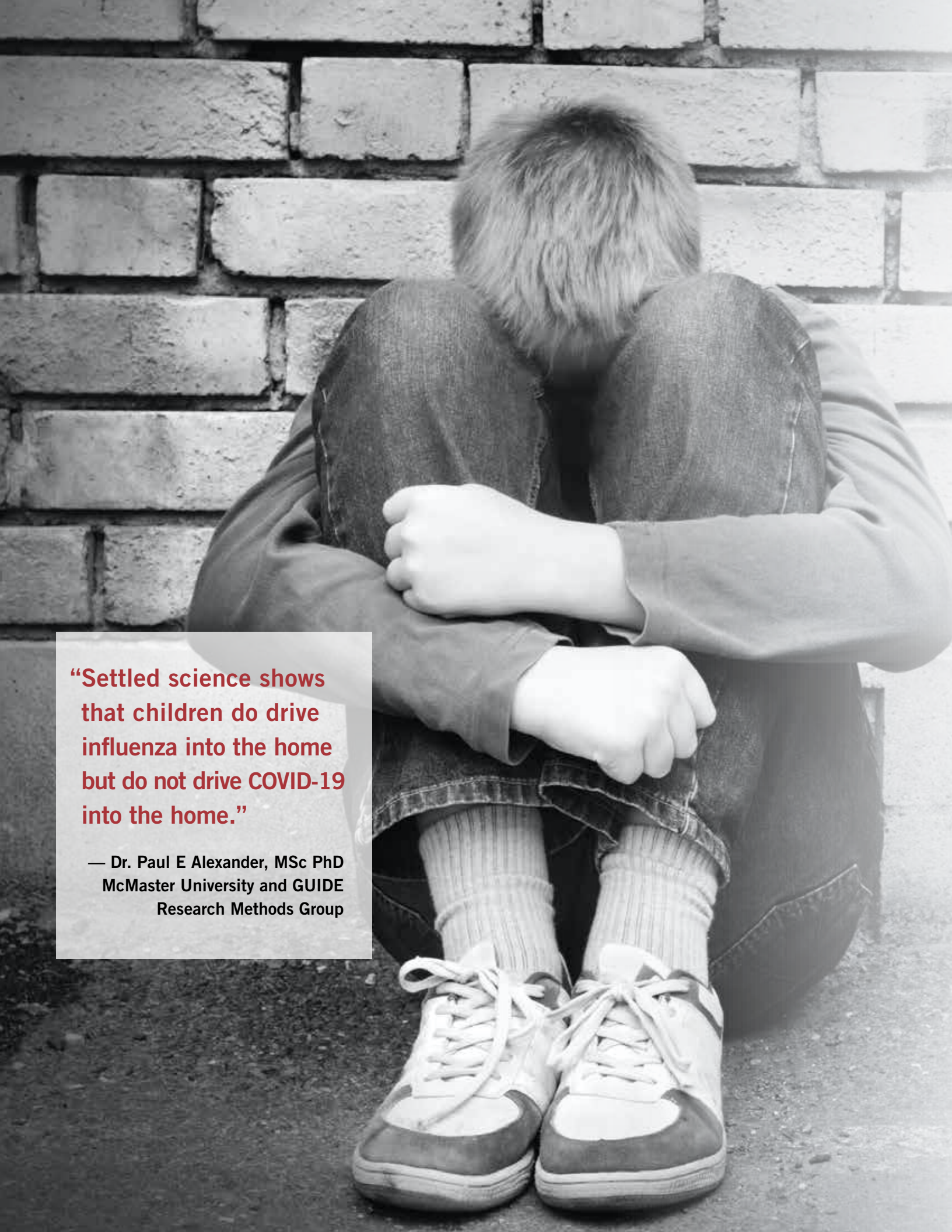

"Settled science shows that children do drive influenza into the home but do not drive COVID-19 into the home."

— Dr. Paul E Alexander, MSc PhD
McMaster University and GUIDE
Research Methods Group

While we typically see an increase in mental health issues, substance abuse, suicide attempts and suicide ideation with adults during periods of rising unemployment and economic recession, we have never before seen suicidality among our children rise at such alarming rates as we have during the lockdowns of 2020/21 in Canada and around the world.

While the lives of adults and parents are important, it is our goal to bring much-needed attention to rising rates of attempted and successful child suicide during the lockdowns. These are a foreseeable consequence of the long and harsh lockdowns, and therefore are attributable to lockdown measures, which resulted in lengthy absences from school, isolation, reduced (or eliminated) social and sporting activity, loss of routines and many other ordinary behaviours and experiences that children require for adequate social development and mental health.

One might argue that our provincial governments' initial decisions to go into lockdowns based on theoretical disease projection models were justified. Yet the World Health Organization (WHO), in its 2019 guidance paper for Public Health authorities on non-pharmaceutical measures to mitigate pandemics, recommended against lockdowns under any circumstances[1]. However, even if one ignores the fact that lockdowns were unprecedented and never recommended by Public Health authorities before 2020, they are definitively not an acceptable strategy option. We now have over 15 months of outcome data that clearly show lockdowns resulted in widespread harm to mental health and educational outcomes for children without delivering unambiguous benefits to counterbalance the harm[2]. Our governments and Public Health officials have failed in their responsibility to our children to balance risk and benefit in their decisions during this pandemic.

We have known for at least a year that statistically, children are at extremely low risk of serious illness or death by COVID-19, except in rare circumstances in which they suffer from a compromised immune system, cancer, or other pre-existing health challenges. Results from almost 80 studies have not only shown that children are not so-called "super-spreaders", but also that there has been nil transmission of COVID-19 to adults by children under 10 years of age[3]. According to Dr. Paul E. Alexander, MSc, PhD (McMaster University and GUIDE Research Methods Group), children are at very low risk of acquiring COVID-19 infection and are also at a low risk of spreading it to others in a school setting[4].

Despite the early reports that suggested asymptomatic transmission was not a material contributing factor to adult infection, our governments enacted lockdowns resulting in lengthy school closures and other severe disruptions to our children's lives in response to a virus that is statistically less dangerous to them than regular seasonal influenza[5].

Recent research clearly shows that **children with COVID-19 do not often spread it to adults**; in addition, it has been determined that the few children who acquire COVID-19 are predominantly catching the disease at home and from their parents[6]. Receiving in-class instruction at school is safe for children (arguably safer than being at home, statistically speaking) and for university-aged young people. It is also safe for the adult teachers and school administrators.

This may be the first time in recent history that adults at a societal level are not focused on protecting children, but are instead willing to expose them to mental health and other risks in order to (theoretically) protect adults from a respiratory virus that is statistically hardly more dangerous than seasonal influenza, except for the very old and infirm.

According to the Centers for Disease Control and Prevention (CDC), the survival rates for people who get infected with COVID-19 by age and without treatment are:

AGES	SURVIVAL RATES
0-19	99.997%
20-49	99.98%
50-69	99.5%
70+	94.6%

For the **0-19 age group, a survival rate of 99.997%** implies a minuscule death rate of 0.003%, i.e., 3 children out of every 100,000 infected are statistically expected to die. Note that of the 335 children (under 18) who had died with or of COVID-19 in the US (as at mid-July 2021), 100% of them had a pre-existing medical condition, such as cancer[7]. In contrast, the CDC estimates that 434 children died of influenza in the 2019-2020 season, and only 43% of the reported cases involved children with known pre-existing conditions[8].

Canadian statistics tell a similar story. According to Statistics Canada, in the 5 years before COVID-19 an average of 25 children aged 0–19 died of influenza each year[9]. In the 15 months since the pandemic was declared, 11 children died with COVID, all of whom had comorbidities. These statistics demonstrate clearly that Influenza is approximately twice as deadly to Canadian children as COVID-19. Only children with serious underlying medical conditions are at risk of death from COVID-19, and even then, that risk is **lower** than that of endemic seasonal influenza, which we have all tolerated every single year without any special, let alone world-changing, precautions.

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Furthermore, following early reports that suggested asymptomatic transmission (the main means by which children might be vectors of COVID-19) was not a contributing factor, we now have compelling recent data indicating that asymptomatic transmission of COVID-19 is a negligible factor, if it exists at all[10].

We have presented the data that indicate that, whatever the seriousness of COVID-19 as a general public health issue, it is most certainly not a serious health issue for children, nor does allowing children to get on with their busy, interactive lives at school and elsewhere exacerbate the spread of COVID-19 to adults. Yet we have allowed our governments to pretend otherwise. Let us turn now to the damage that this has wrought.

Here is the evidence. McMaster Children's Hospital, in Hamilton, Ontario, reported an almost 300% increase in youth suicide attempts between October 2020 and January 2021 compared to the same time period the previous year[11]. To be specific, there were 7 youth admissions in the four months to January 2020, compared to 26 in the corresponding period to January 2021. You might be tempted to think, "These are small numbers, compared to the children at risk from COVID-19." That would be an incorrect assertion. The facts are that in the entire province of Ontario, a total of 5 deaths with/from COVID-19 have been reported for all people under age 20[12]. **More than 5 times as many children attempted suicide in a single Ontario Region in a 4-month period of lockdowns as died with COVID-19 in the entire Province of Ontario since the start of the pandemic.**

The McMaster Children's Hospital reporting refers only to unsuccessful suicide attempts reported in one region of one Canadian province. From this alone, it is very reasonable to infer that the total numbers of completed suicides and attempted suicides for people under 20 years of age in Ontario as a whole are at least one order of magnitude higher than COVID-19 related deaths in the same age bracket, despite media reports being hard to come by. And according to a Canadian Parliamentary report on youth suicide attempts, for every completed suicide, there may be as many as 22 visits to the emergency room and five hospital admissions for suicide attempts[13].

McMaster's experience has been widely replicated across North America and indeed elsewhere in the world. For instance, Pima, the second-largest county in the state of Arizona, reported a **67% increase in child suicide during the 2020 lockdown**[14]. Boston Children's Hospital reported a 47% increase in children hospitalized for suicide attempts and suicide ideation between July and October 2020 compared to the same period in 2019[15].

In France, it has been reported that children, some as young as eight years old, have deliberately run into traffic, overdosed on pills and self-harmed during the lockdown. And in Japan, the education ministry reported that child and adolescent suicides hit record levels[16].

In March 2021, a British infirmary reported that they previously treated between one and two children per week for mental health and suicide attempts, but that during the lockdown they were treating an average of two per day, with some of the children as young as eight years old[17]. And **in January 2021, the UK Centre for Mental Health announced that 500,000 children in England under the age of 18 with no previous issues would need mental health care due to the lockdown[18].**

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According to a peer-reviewed study by the American Academy of Pediatrics, **a Texas hospital reported that the rate of child suicide attempts was 2.34 times higher in March 2020** compared to March from the previous year. It also reported that the suicide ideation rate was 1.6 times higher during that same month. The average age of children in the study was only 14 years old[19]. The study suggests that children, unlike adults, cannot suffer privation for long periods before they resort to suicide ideation. They are more immediately sensitive to the uncertainty, isolation, lack of structure, family tension, and limited access to doctors, teachers, and coaches. Just the fear of these losses, the mere thought that they could be away from their friends can have an immediate negative impact on children's mental health, thus one can appreciate how children are likely to feel and respond when these losses become real.

Even reports from the early days of the COVID-19 outbreak indicate that the Canada Suicide Prevention Service was significantly busier: by April 2020, they reported 50% more interactions compared to the previous year, as well as a 62% increase in "active rescues" (i.e., responses to suicides in progress)[20]. Further evidence of a simmering crisis comes from reports that **the Canadian Kids Help Phone received over 4 million calls in 2020, more than double the 1.9 million calls received in 2019**[21]. In Ontario the Youth Services Bureau of Ontario reported a 40% increase in mental health centre contacts in January 2021[22].

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The CDC surveyed adolescents between 18 and 24 and revealed that 75% admitted to mental health problems or drug use during the lockdown. In that same survey one in four young adults admitted to suicide ideation in the previous 30 days. The **CDC also reported a 24% increase in emergency room mental health visits with children between the ages of 5 and 11**[23]. Unsurprisingly, there have also been other serious impacts on children: for instance, an Ontario health agency reports that youth substance abuse has doubled and child eating disorders have increased 90%[24].

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We have included data from the United States and elsewhere not only to supplement our limited Canadian data, but also to indicate that **this problem is widespread throughout the world** where lockdowns of this nature have been carried out. It also sheds light on the various governments' ignorance, lack of concern, or potential active concealment of information about serious child mental health issues during the lockdown. It should have been obvious that removing children from their friends, coaches, routine, sports, and ability to pursue their life's ambitions and dreams would have an immediate and strong detrimental effect on their mental health. Yet, somehow, these obvious points seem to have received little consideration from the public health authorities.

It is crucial to emphasize that many countries around the world did not take their children out of school. In Sweden, which continued normal classroom education without lockdowns and extreme measures, **among over 1.9 million school and pre-school children there have been zero deaths and only 15 admissions to ICU**[25]. Except for a two-week extension to the school winter break, Taiwan did not take children out of school and did not experience any significant negative impact on children[26]. These examples, Sweden's in particular, demonstrate clearly that, from a public health perspective, the cost to children of not locking down would be effectively zero.

Other countries have not engaged in lockdowns for more than a few weeks, and therefore, their children have not had a significant disruption to their education. The major disruptions to two years of education in Ontario and much of Canada have placed our children at a significant disadvantage. It may take years for our children to catch up educationally with children from other countries, some of whom might one day, as a result, outcompete Canadian children for places in Canadian universities.

"...as a result of the COVID-19 pandemic and the scramble to move courses online, we have lost that human connection and educational quality has suffered."

—Rahul Sapra
President of the
Ontario Confederation
of University Faculty
Associations

Rahul Sapra, President of Ontario Confederation of University Faculty Associations, stated: "As a result of the COVID-19 pandemic and the scramble to move courses online, we have lost that human connection and educational quality has suffered." His organization found that 62% of students and 76% of faculty believe online education has a negative impact on education quality[27]. This should not be surprising, given that our teachers and schools were not prepared, qualified or trained to switch to a completely different teaching methodology that failed to acknowledge millions of students' requirements for face-to-face learning, structure and support.

The use of hybrid and remote (online) learning fails to consider that 20% of Ontario's children live in poverty[28], and that 25% of Ontario's high school students need special education assistance[29]. It also fails (unsurprisingly) to incorporate a variety of relevant methods that are applied in face-to-face classrooms. Results from hybrid and remote learning for high school from several parts of Canada suggest a drop in academic performance. **School boards looking at students' mid-term marks found a failure rate of 16%, almost double the rate of the previous year**[30]. Thus, the extreme disruption of in-classroom education

is currently not only harming our children's mental health, but is also robbing them of a proper education, which will have long-term, widespread negative impacts on virtually every aspect of their future and the future of our society as a whole.

The CDC estimated that 600 children died of influenza in the 2017/2018 season[31] and, according to the Journal of the American Medical Association (JAMA), children are at greater risk of critical illness from influenza than from COVID-19[32].

The Journal of Medical Virology states unequivocally that there is no evidence of child-to-child or child-to-adult transmission of COVID-19. "...while children become infected by SARS-CoV-2, they do not appear to transmit infection to others[33]."

A biological mechanism has been proposed to explain why children are at virtually no risk of serious infection or death or even spreading COVID-19. They have comparatively few angiotensin-converting enzyme 2 (ACE2) receptors, to which the SARS-CoV-2 attaches itself in adults' epithelial lining cells[34]. Because children and adolescents have so few ACE2 receptors, they are at the lowest risk of a severe outcome from COVID-19.

TO RECAP: we have presented substantive evidence demonstrating that lockdowns and withdrawal from in-person schooling are damaging our children's education and mental health, resulting in increased suicide attempts and suicide ideation. These effects were wholly predictable: ordinary parents, caregivers and teachers as well as clinical psychologists and other healthcare professionals from institutions including Sick Kids Hospital all warned that forcing social distancing and masks on children would cause major, potentially irreparable psychological damage. School closures have caused our children to suffer substantial educational deficits and a loss in future income potential which could lead to a long-term future of despair.

The serious negative impacts are already evident in our children, and the longer we allow ill-informed and disengaged politicians to make scientifically indefensible decisions that are harming our children, the longer it will take to repair. Recovery and counselling will be more costly; social services, welfare, healthcare and other remedies will be heavily impacted with demand for these services likely to increase to unprecedented levels.

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School closures have caused our children to suffer substantial educational deficits and a loss in future income potential which could lead to a long-term future of despair.

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Beyond all reasonable proportion, especially after gaining a few months of experience and perspective on COVID-19, our governments and media have promoted irrational fear instead of encouraging responsible, proportionate, informed action by citizens as they assess their own and their families' circumstances and risk. Our governments have subjected young children to severe restrictions that ignore their impressionability and their almost complete reliance on the adults around them to support their growth and development in a responsible fashion. As parents, teachers and caregivers we have been complicit, forcing children to adhere to unproven nonpharmaceutical interventions (social distancing, masking, cohorting) and shutting down schools, social and sporting activities, and confining them to their homes. We have allowed our children to learn to regard one another with suspicion, as if they are walking virus factories capable of infecting and killing each other, as opposed to fellow human beings that can share love, joie de vivre, comfort and support. In short, our children have collectively suffered willful, wrong-headed neglect and abuse, and it's time to put it to an end.

The lockdowns, school closures and related measures are the core drivers of children's suffering and the drastic increases in child suicidality and depression over the past 18 months. The sooner we get children back in school, in sports, around their friends and into their routines, the sooner they can start to heal and to get back on track with proper social, mental and physical development. We still have a lot of work to do as a society to recover not only from COVID-19 but also from the often counter-productive interventions of our governments. For our children, it starts with them getting back in school full-time, in-person as they were before 2020.

We have focused this discussion on children's suffering. However, we must also note that some children have been unfortunate to lose parents and other caregivers to suicide and other deaths of despair, as well as to COVID-19 and other health problems. Every one of these losses is tragic; however, the deaths of despair are especially poignant and painful because in many cases key contributing factors were man-made, and therefore were preventable.

Conclusion

Using publicly available sources, we have made the case that the numerous restrictions on children have been irrelevant and ineffective in minimizing the spread of COVID-19. Worse, these restrictions have severely damaged children's overall health and development, to the point of causing serious psychological stress and suicidality in many more children than have been at serious risk of severe outcomes from COVID-19.

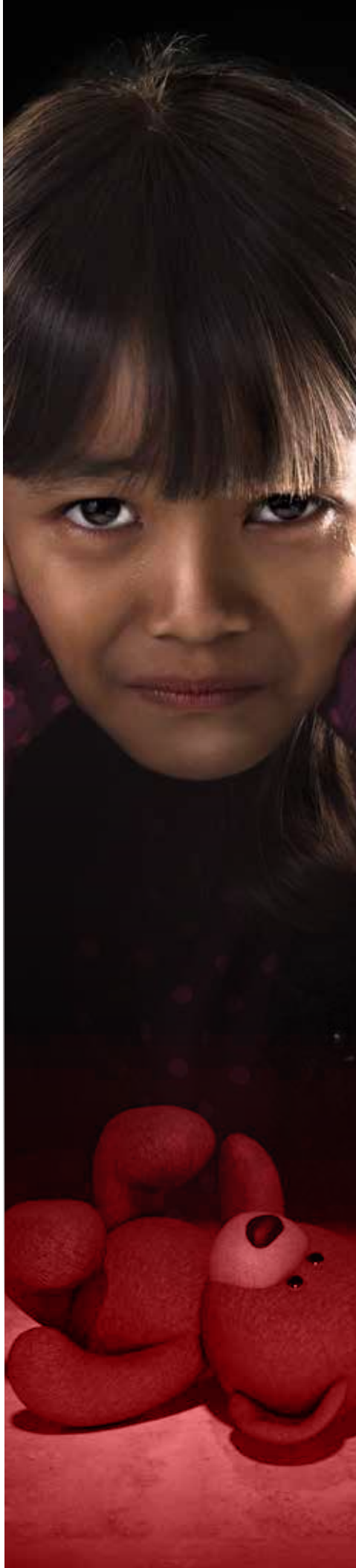
No doubt there are countless personal stories that would attest to the reality of these figures that we have shared. We appeal to our fellow parents, teachers, school board trustees, politicians, health professionals, law-enforcement and other civic personnel – to our fellow citizens – to support us in securing the reinstatement of our children's full-time, in-person education. For various, arguably complex reasons, our government officials have let us down; it is time to make it unambiguously clear what we want. The data we have presented here are clear: we can start by ensuring that officials at all levels of government receive and read this material, and respond to it appropriately.

We also appeal to you to start to take responsibility for our children's future, and for accelerating their healing and recovery from the trauma of unnecessary lockdowns and isolation. Put plainly, there is no argument that justifies school closures. Now that you have read this evidence package, you are aware of the deaths, despair and damage that school closures and lockdowns have caused and continue to cause to our children.

We believe that you have a duty to act to ensure that changes will be made immediately in our government and educational system to guarantee the full re-opening of our children's schools and the full restoration – with no prospect of reversal – of all of the social interactions and opportunities that have been available to them pre-lockdown.

Thank you for reading this DEATHS OF DESPAIR: Child Suicide Evidence Package. We have already lost the lives and the vitality of too many children. Please share this material and play your part – support a friend, speak to a child, call a teacher, challenge a politician, do whatever you can – so that we don't lose any more children. If that's not enough to convince you: we are on the side of truth and love, join us. It takes courage, and it may require sacrifice, but it will enlarge you and reward you.

Need more info? Like to help? Contact us at takeactioncanada.ca



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