Covid19 Reality versus Public Policy

Political Agendas Are Distorting Public Perception and Policy

The Democrats made Covid19 one of the primary issues of the 2020 Election campaign. If you get your news mainly from ABC, CBS, NBC, CNN, MSNBC, NPR, the *New York Times,* the *Washington Post, Atlantic* magazine or their ilk, you may have a distorted perception of who gets Covid19 and how dangerous it is.

Covid19 originated in China. There is a high probability that the original virus escaped from the Wuhan Laboratory, which probably does biological warfare research. Its release may have been accidental, but the Communist Government of China did not immediately alert other nations or restrict travel to them. By January 2020, Covid19 was spreading in the United States and around the world.

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Covid19 was initially thought to be highly contagious and have a high rate of mortality. It is very contagious, but its death-rate has been highly exaggerated. It is actually not very dangerous to most people. It is most dangerous to elderly people who already have serious health problems.

It is thought to be more contagious than flu, because symptoms take a few days to show up after infection and many of those infected have only mild or few if any symptoms, thus having more time to spread the virus more widely without being aware of it. The Center for Disease Control (CDC) estimates that there have been in the U.S. year-to date (YTD) 17.4 million tested cases and 314, 000 deaths of people testing positive for Covid19. This is a death per case rate of 1.79 percent, but the case rate is not the proper denominator for evaluating the Covid19 death rate. This exaggerated figure has unfortunately been used by uninformed media and politicians to over-heat, mislead, and even panic the public and advance counter-productive public policies advancing even more counter-productive political agendas and usurpations of Constitutional freedoms. The proper denominator is the infection rate, which must include those who have had the Covid19 virus or have it with little or no symptoms. This statistical virus base measured by blood tests is called "Seroprevalence." It makes a huge difference in determining the comparative lethality of a virus

According Stanford Medical School Professor and fellow at the Stanford Institute for Economic Policy Research, Jay Bhattacharya, 82 studies from around the U.S. and the world, using blood test survey samples that include asymptomatic or past Covid19 infection, reveal the death rate from infection is only around 0.2 percent—one in 500.

By comparison, about a billion of the world's population of 7.8 billion is infected by some form of the flu each year despite the availability of vaccinations. The CDC estimates that 39 to 56 million Americans will get the flu this year **(be infected)**, resulting in 18 to 26 million medical visits **(cases)** and 410,000 to 740,000 hospitalizations, resulting in 24,000 to 62,000 deaths. So we can very **roughly** estimate that the death rate from the flu is only 0.09 percent but might be as high as 0.16 percent.   Note that the proper base of this death rate fraction is infections, not cases.

Furthermore, and this is very important for public policy, Covid19 fatalities are strongly concentrated among older Americans with co-morbidities. According to the CDC, 70 percent of Covid19 deaths are 70 years-old or more. The average Covid-19 death is accompanied by 2.9 other morbidities, including pneumonia, flu, heart disease, kidney problems, Alzheimer's, and diabetes. Only about 6 percent of Covid19 death certificates list only the Covid19 virus as the cause of death.

One of the most important facts about Covid19 is almost completely ignored by many stare government policy makers and national Democratic Party leaders. While the death rate for Covid19 infection is about 40 per 1,000 for those over 70, with 96 percent surviving, according to the December 16 CDC Covid19 statistics report, Only 0.20 percent, 2 in 1000 of Covid19 deaths are under 25 years of age, and children are even less vulnerable. Only 0.034 percent of Covid19 deaths are under 14. Furthermore, children rarely transmit the virus to adults! About 32 percent of

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Covid19 deaths are 85 or older. The median Covid19 death is probably about 79. In 2018, the average overall American longevity was 78.7 years, with males at 76.2 and females at 81.2. This looks suspiciously like Covid19 deaths in the U.S may have little impact on the total deaths from all causes. This is understandable considering the typical Covid19 fatality was already dealing with three serious health problems.

Yet the CDC has a report dated October 15 estimating that "excess deaths" this year are 299,000 and 65 percent of them or 216,000 resulted from Covid19. However, this report compared this year with past years 2015-2019, not adjusting for population growth or immigration. In 2018, total deaths from all causes numbered 2,839,000, whereas the CDC has 2,778,000 so far in 2020.

U.S. drug overdose deaths hit a record high of 81,230 on December 18. This is over 18 percent higher than in 2019. This is not associated directly with the Covid19 virus. It is the result of the Covid19 lockdowns and subsequent depressed economy. The National Alliance on Mental Illness has seen a 65 percent increase in calls and emails since March. This is not because of worries about the virus; it is because of economic and social stresses from lockdowns, no school, and job uncertainties. The United Nations estimates 130 million additional people, mostly children, will starve to death this year as the result of economic damage from lockdowns.

Nursing homes have been a center of Covid19 infection and deaths. We should do everything we can to help prevent Covid19 spread and deaths there. However, here is a sobering statistical perspective. The average nursing home stay before death is only 13.7 months! Fifty-three percent die before six months. Half the men are already dead in 3 months, and half the women in 8 months, while 21 percent last 5 years or more. In dealing with advanced age and debilitating co-morbidities, we can expect a high death rate even without Covid19. But Covid19 deaths are a more stressful and painful scenario, which no one would want their loved ones to endure.

The bottom line here is that closing down schools, businesses, and the economy is a horrendous mistake that at best only contains viruses temporarily. Lockdowns of more than a few weeks were never envisioned as a solution by reputable epidemiologists in the past. Furthermore, other costs to public health and the economy far exceed any benefit. A short lockdown may have looked necessary in March to help hospitals stay the course through the epidemic. We did flatten the curve, but further lockdown strategies should have been abandoned as health, social, and economic data all clearly revealed the unnecessary and enormous peripheral lockdown damage to the American people. It has also been a serious threat to freedom.

The end of any epidemic is herd immunity, for which a vaccine is helpful. Closing down a civilization while waiting for a vaccine to get herd immunity could easily result in unmitigated disaster. Herd immunity is a biological fact and end goal.

Yet we have national politicians and many state governors calling for a 100-day national lockdown to defeat the virus and then worry about the economy and all the human misery the lockdown strategy has caused. There have been tremendous losses of freedom that seem to have whetted a

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growing lust for power and despotism in some politicians. The lockdown science of March is not science or good judgment. It is insanity inviting colossal disaster.

It is also distressing to see some academics, health professionals, government bureaucrats, and irresponsible media act like demented accusers at the Salem Witch Trials, when someone gathers better data or reaches different conclusions. Political correctness and bullying are not compatible with the search for truth or with the freedoms and trust needed for a prosperous and livable society.

Another extraordinarily bad and dangerous idea I have seen coming from some CDC bureaucrats and state governors is to prioritize hard hit racial or ethnic minorities rather than the older and most vulnerable population in distributing vaccines. Latinos and Blacks do have disproportionately high Covid19 death rates, but that sort of political correctness and favoritism would cost 6,000 lives more per month according to Charles Camosy, who classifies himself as a minority. Interestingly, the average Covid19 death age in Mexico is only 55 versus 77 in Europe. But using race as a priority would cost more lives and be a formula for immense resentment and conflict. Can we be that foolish?

Stanford's Bhattacharya and Dr. Martin Kulldorff, professor of medicine at Harvard University, and Dr. Sunetra Gupta, professor at Oxford University met and published the Great Barrington Declaration, in Massachusetts, on October 4, 2020. More than 43,000 medical and public health scientists and practitioners have signed it. An abbreviated synopsis follows:

The Great Barrington Declaration: Focused Protection.

"As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call **Focused Protection**….Current lockdown policies are producing devastating effects on short and long-term public health. The results…include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice. Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed. Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza. As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable--and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity."

Widespread lockdowns have been a devastating public policy mistake. The data confirms we need

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to get everybody back in school or back to work immediately and prioritize protecting the most vulnerable. We need to embrace common sense rather than absurd bureaucracy and leftist ideology.