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The most dangerous man to any government is the man who is able to think things out for himself, without regard to the prevailing superstitions and taboos. Almost inevitably he comes to the conclusion that the government he lives under is dishonest, insane and intolerable, and so, if he is romantic, he tries to change it. And even if he is not romantic personally he is very apt to spread discontent among those who are.

H.L. Mencken
The Smart Set (December 1919)

Climate change is the defining issue of our time – and we are at a defining moment. We face a direct existential threat ... Climate change is moving faster than we are – and its speed has provoked a sonic boom SOS across our world ... If we do not change course by 2020, we risk missing the point where we can avoid runaway climate change, with disastrous consequences for people and all the natural systems that sustain us.

United Nations Secretary-General António Guterres
[Remarks on Climate Change](#)
(10 September 2018)

COVID-19 is the greatest test that we have faced together since the formation of the UN ... The new coronavirus disease is attacking societies at their core, claiming lives and people's livelihoods ...

United Nations Secretary-General António Guterres
[UN Launches COVID-19 Plan That Could 'Defeat the Virus and Build a Better World'](#)
(31 March 2020)

It is certainly instructive but also bracing and just a tad unsettling to discover that we are ruled by very stupid people. The disturbingly operative word is "ruled." Our ... leaders and accompanying self-defined "experts" have seized with relish and gusto the responsibility – more accurately, the opportunity – to release the inner authoritarian; to rule over us, effectively by fiat, like some medieval monarch surrounded by activists and acolytes. The reference to stupidity is not pejorative, simply a statement of reality. I offer for consideration a few contemporary examples, starting with – who else? – ... the Prime Minister...

Terry McCrann
"Poor Decisions Make Tough Problems Worse"
The Weekend Australian (25-26 April 2020)

A Colossal and Destructive Overreaction: An Investor Analyses the Global Viral “Crisis” (GVC)

In Parliament on 23 March 2020, the Prime Minister, Scott Morrison, said:

With the rest of the world, we face an unprecedented challenge; a once-in-100-year event; a global health pandemic that has fast become an economic crisis, the likes of which we have not seen since the Great Depression. Life is changing in Australia, for every Australian. And life is going to continue to change. For many, young and old, 2020 will be the toughest year of our lives
...

Forget the Cuban Missile Crisis, moon landings, 9/11 and GFC: reactions to the COVID-19 pandemic have become the most momentous events since 1945. Around the world earlier this year, governments shuttered large segments of economies (and in countries like New Zealand, virtually all businesses), imposed draconian personal restrictions that in many places were tantamount to house arrest, and unleashed a tsunami (ca. \$25 trillion and rising) of fiscal and monetary intervention. Only the Great War (1914-1918), Spanish Flu pandemic (1918-1920), Great Depression (its start and end remain arguable) and Second World War (1939-1945) adversely affected more people.

In effect, many of the world’s governments forced economies into induced comas. The operation was and is risky; hence its imponderables are immense. How long will the blackouts endure? How long can they? How rapidly (and completely) will doctors eventually be able to rouse their patients? And what will trigger the decision to commence resuscitation: relief that the danger to health is subsiding, or fear that the economic and financial damage is becoming unbearable and irreversible? Today’s reality mocks dystopian fiction: attempts to mitigate a global public health crisis are provoking strains worse than the GFC and the harshest adversity since the Great Depression. Henceforth, people will categorise their lives into “pre-corona” and “post-corona” phases.

This Newsletter analyses these issues and draws four sets of conclusions:

1. COVID-19 has routinely been described as the biggest crisis since Who Knows When. Economically, this is probably true. Epidemiologically, however, it’s almost certainly false. Everybody – not just “experts” – is entitled to his opinion. But nobody’s entitled to his own data, and valid and reliable data are unequivocal: *there’s simply no “covid crisis.” In 2020, to cite one of the many examples elaborat-*

*ed below, the crude death rate across the U.S. is LOWER than it was during the corresponding periods of 2018 and 2019. More generally, the mainstream's "assessment" of COVID-19's risk to human life, relative to much greater risks such as diabetes, heart disease, obesity, etc., has been grossly exaggerated. A genuine health crisis does indeed grip the U.S., but it predates COVID-19 by a decade. Coronavirus might be a *symptom* of this crisis, but it certainly isn't its *cause*.*

2. Certainly, logic and evidence must inform policy. Alas, *politicians cannot centrally plan an economy; nor can they centrally plan a response to a new virus.* They also ignore the obvious: extreme policies demand unquestionably strong evidence. Yet "meta-analyses" of peer-reviewed epidemiological research are unequivocal: *there's no compelling evidence that lockdowns of society retard the spread of pandemics or save lives. Today's policies ignore and deny credible science; hence they're unscientific.*
3. *The "cure" decreed by most governments as a panicked reaction to COVID-19 – namely shuttering large swathes of economy and confining much of society to home detention – isn't merely a colossal overreaction; it's worse than the disease it purportedly treats.* Not only have this policy's proponents vastly exaggerated its benefits; they've also grossly underestimated its economic, financial – and health – costs. *On balance and over the long-term, it'll likely harm health.* If its consequences are anything like the U.S. Government's reaction to the attacks on 11 September 2001, during the years to come this policy will cost far more lives than it saves today.
4. As conclusion #3 implies, we've been here before; therefore we really should know better. It's a case of "fool me once, shame on you; fool me twice, shame on me." No matter how much bureaucrats, journalists, NGOs, politicians and medicos masquerading as scientists babble about "the science," they possess little incentive to assess risk rationally: instead, emotion – bluntly, scaring people – butters their bread, boosts their status and fattens their wallets. Insiders don't disinterestedly seek truth: they avidly crave donations, taxes and votes. To obtain them, fear is more effective than reason. *Hence the nonsense that "experts," journalists and politicians have spouted about COVID-19 should neither surprise nor fool anybody; their cynical hysteria bears a remarkable resemblance to their behaviour in the wake of the attacks on 11 September 2001 and their attacks on Afghanistan and Iraq.*

"Learned Ignoramuses" Rule Us

Australians, Americans, Britons, Canadians, etc., have lived in prosperous nations. The main source of their affluence, apart from private property, isn't technology: it's something that underlies economic growth and technological progress. Everybody benefits

in myriad ways from what Adam Smith dubbed the “division of labour.” Unlike our forebears, each of us makes little of what we consume. Instead, we specialise: we produce a small number of goods or services – perhaps just one – and sell it/them to others; in return, we buy the goods and services that we need and want but don’t (because we lack the capital, knowledge and time) to produce. [No single individual knows how to mass-produce so much as a lead pencil](#) – never mind a Smartphone. Yet we all benefit from the things that others have produced. Specialisation enables everybody to enjoy a vastly richer life, materially speaking, than they otherwise would. As a result, we enjoy choices and opportunities that our forebears lacked. However, risks and tradeoffs unavoidably accompany the division of labour. It’s vital that we understand them. If we don’t, then we’ll suffer even more from the unbalanced intellectual specialisation and deranged academics that have helped to produce the stupid and destructive policies that panic-stricken politicians enacted in response to the COVID-19 pandemic.

In [The Revolt of the Masses](#), published in 1930, the Spanish philosopher, José Ortega y Gasset, describes and analyses an unfortunate consequence of intellectual specialisation. “Previously,” he writes, “men could be divided simply into the learned and the ignorant, those more or less the one, and those more or less the other.” Now, however, a new kind of person has emerged, “an extraordinarily strange kind of man,” who cannot be called “learned, for he is formally ignorant of all that does not enter into his speciality,” yet at the same time cannot be considered “ignorant, because he is ‘a scientist’ who ‘knows’ ... his own tiny portion of the universe.” Ortega y Gasset concludes that the only fitting name for such a person is a “learned ignoramus.”

Learned ignoramuses populate all parts of society today (I don’t deny that I’m one; perhaps you’re one, too). If they possess valuable skills and talents, and stick to their specialist knitting, they can do considerable good. If they venture outside their proper boundaries, they’re mostly harmless – or, at any rate, they’re dangers only to themselves, their families, students, clients, etc. (who can dismiss, chastise or shun them). However, when they head powerful agencies of government and issue society-wide decrees, they will create big problems, worsen pre-existing ones – and thereby produce broad, deep and enduring damage and suffering. As C.S. Lewis put it in *God in the Dock: Essays on Theology and Ethics* (Eerdmans, 1970, p. 292),

Of all tyrannies, a tyranny sincerely exercised for the good of its victims may be the most oppressive. It would be better to live under robber barons than under omnipotent moral busybodies. The robber baron’s cruelty may sometimes sleep, his cupidity may at some point be satiated; but those who torment us for our own good will torment us without end for they do so with the approval of their own conscience ... This very kindness stings with intol-

erable insult. To be “cured” against one’s will and cured of states which we may not regard as disease is to be put on a level of those who have not yet reached the age of reason or those who never will; to be classed with infants, imbeciles, and domestic animals.

Who, in fact, is truly stupid: the ruler and his henchmen or the man in the street? Exhibit #1 of the harm that learned ignoramuses in positions of power inflict: their panicked response to COVID-19 – namely their imposition of comprehensive and indeterminate “lockdowns”¹ of large swathes of economy and society.² The truth, as Zachary Yost states ([Anthony Fauci, the “Learned Ignoramus,”](#) *Mises Wire*, 17 April 2020), is that

such ideas are frankly madness, and [will] take an incalculable toll on the health and wealth of all Americans. Tens of millions ... find themselves out of work or with reduced hours or pay. The idea that society could continue to exist in such a state betrays a lack of any understanding of the social order. [Mass unemployment will inevitably lead to an increase in suicide](#) and substance abuse and the stay-at-home orders [have already led to increased domestic violence](#). New instances of outrageous police conduct in the name of enforcing lockdowns emerge every day. It is no exaggeration to say that in eighteen months there would likely not be any society left to “reopen.”

Truly, only learned ignoramuses could suggest such an obviously catastrophic course of action. Those plebeians who dare to question “experts” ... are lectured to listen to their betters, who use “science” to understand the situation and are far more knowledgeable. In other words, “stay in your lane.” Yet such critics miss their glaring contradiction. *Public health officials certainly*

¹ Proponents’ enthusiastic use of the term “lockdown” is revealing. A lockdown, [says Wikipedia](#), “is a prison protocol that usually prevents people or information from leaving an area. The protocol can usually only be initiated by someone in a position of authority ... A full lockdown usually means that people must stay where they are and may not enter or exit a building or rooms within said building ...”

² Prominent enthusiasts include Dr Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases, whom many Americans apparently regard as the “face” of the U.S. Government’s virus response, and Dr Zeke Emanuel, an architect of Obamacare and now an advisor to Joe Biden. At a briefing in the White House on 1 April, Fauci [stated](#) that “we could relax social distancing once there’s no new cases, no deaths, but the real turning point won’t come until there’s a vaccine.” Similarly, Emanuel [declared](#) that it will be impossible to return to “normalcy” for eighteen months. Moreover, and no matter the economic cost, “the truth is we have no choice ... We cannot return to normal until there’s a vaccine.”

have a role to play, but they themselves are not experts at everything. By definition, they do not fully understand the other consequences and considerations that must be weighed and balanced, [and they, of course, are lacking in the local dispersed knowledge needed to make such decisions](#). Yet that does not stop them from making declarations dripping with arrogance, such as [Dr Anthony] Fauci's assessment of the implosion of the economy and the resulting unemployment and hardship as being merely "[inconvenient from an economic and a personal standpoint](#)."

... Every time "experts" demand that life be halted into the indeterminate future, they vindicate Ortega y Gasset's observation that the learned ignoramus are ignorant of the very nature of the social order itself and are therefore a menace to its preservation. This crisis demonstrates how prescient Ortega y Gasset's warning was. Hopefully it is not too late to prevent a true societal catastrophe [italics added].

What Caused Politicians and Their Medical "Experts" to Panic?

Specialists seem to agree that "SARS-CoV-2" (Severe Acute Respiratory Syndrome-CoronaVirus-2) causes "COVID-19" (coronavirus disease, first identified in December 2019 in Wuhan, central China). Its relative, common seasonal influenza, has always been a significant killer. Yet the public (as well as politicians, journalists, etc.) discounts or ignores this and other familiar, well-established and thus "mundane" risks; hitherto, it's also tended to exaggerate – sometimes greatly – less-understood, new and "exotic" ones. In the U.S., [according to the Centers for Disease Control and Prevention](#), ca. 39-56 million cases of common flu occurred in the year to 4 April 2020. They caused an estimated 410,000-740,000 hospitalisations and 24,000-62,000 deaths. Globally in recent years, infections have numbered more than 200 million – and, according to the World Health Organization, deaths have ranged from 290,000 to 650,000 – annually. In Australia, 2,500-3,000 deaths have occurred each year in recent years, on average, as a result of seasonal influenza. Moreover, in the past couple of years an average of 430 people per day – almost 157,000 per year – has died from all causes. On that basis, between 1 January and 31 March of this year approximately 39,000 people perished in this country; of these, coronavirus killed 14. That's 0.036% of total deaths. On 1 June, COVID-19 had infected ca. 1.8 million Americans (of which more than 650,000 recovered) and contributed to the deaths of more than 100,000. That's ca. 1.7% of total deaths.

Why the hysteria? Each year, smoking contributes to roughly one-fifth of all deaths in the U.S. That's more than 480,000 per annum (including deaths from second-hand smoke) ; it's also more than the number of Americans killed in combat during the Sec-

ond World War (ca. 400,000). Each year in that country, more than 800,000 people – one-third of all deaths and far more than died in its Civil War (which killed more Americans than any other war in U.S. history) – succumb to some form of heart disease. These deaths occur without financial panic or economic shutdown – or even much notice from those whom they spare, or politicians and journalists. Moreover, COVID-19 is hardly the first – and probably not the worst – global ‘flu pandemic:³

- In 2009, H1N1 – known colloquially as “swine ‘flu” – [infected as many as 1.4 billion people and killed ca. 150,000-577,000 globally](#) (the vast majority of whom were younger than 65 years of age);
- In 1968, H3N2 (“Hong Kong ‘flu”) [killed an estimated 1 million people worldwide](#);
- In 1956-1958, H2N2 (“Asian ‘Flu”) [killed at least 1 million and perhaps as many as 4 million around the world.](#)

Why has COVID-19 sparked draconian reactions? The key word is “fear.” According to *The Weekend Australian* (14-15 March 2020),

It’s the apparent death rate, especially in Italy, which has struck fear in the community. The WHO’s official death rate of just less than 4% for COVID-19 has naturally drawn comparisons with the devastating Spanish Flu pandemic of 1918-1920⁴ ... even with a 2% death rate almost 14,000 would perish in Australia ... Health workers, hospitals and aged-care homes would come under severe strain.⁵

³ Between November 2002 and July 2003, severe acute respiratory syndrome (SARS) caused 8,098 infections and 774 deaths in 17 countries; its fatality rate neared 10%. The majority of cases occurred in mainland China and Hong Kong; as a result, WHO didn’t declare it a pandemic. Intriguingly, no cases have been reported anywhere in the world since 2004.

⁴ From unknown origins, it spread quickly around the world – including the Arctic and remote Pacific islands. It killed somewhere between 50 and 130 million people, including, ca. 15,000 in Australia, 50,000 in Canada, 250,000 in Britain, 400,000 each in France and Japan, 500,000-675,000 in the U.S., as many as 17 million (about 5% of the population) in India and untold millions in China. Even using the lower estimate of 50 million, it slew ca. 3% of the world’s population (which was approximately 1.86 billion at the time). It infected roughly 500 million – 27% of humanity – and was therefore one of the deadliest natural disasters in human history.

⁵ On 11 March, Dr Brian Monahan, attending physician of the U.S. Congress, told a closed meeting of Senate staffers that coronavirus could afflict 70 million to 150 million Americans – a third of the nation. Dr Anthony Fauci testified that COVID-19’s mortality rate will likely approach 1%. If so, then 750,000-1.1 million Americans will succumb before it runs its course. Further, if Monaghan’s

A second factor exacerbates the alarm: these days, via “social media,” anybody can disseminate anxiety-inducing falsehoods and extreme opinions. Thirdly, in a globalised world, governments’ panicked reactions to COVID-19 are causing widespread and extreme economic and financial disruption. The disorder takes two forms. The first is a “demand shock,” i.e., sudden collapse of demand for accommodation, leisure and hospitality, tourist and related services. This shock also includes households’ cutbacks of spending as a result of job losses, as well as businesses’ retrenchments in anticipation of customers’ belt-tightening. The second is a “supply shock,” i.e., decrease of the quantity of goods and services produced as a result of “lockdowns” of employees and managers. More generally, the virus is upsetting global – and delicate – “just-in-time” supply chains.⁶ When SARS struck in 2003, China’s economy was less than one-tenth its current size and hadn’t been integrated into the global economy; today, it’s the world’s second-largest economy and its principal source of countless goods (including medical equipment and pharmaceutical compounds).

First, Do No Harm: the Depression That Medicos Insisted We Had to Have

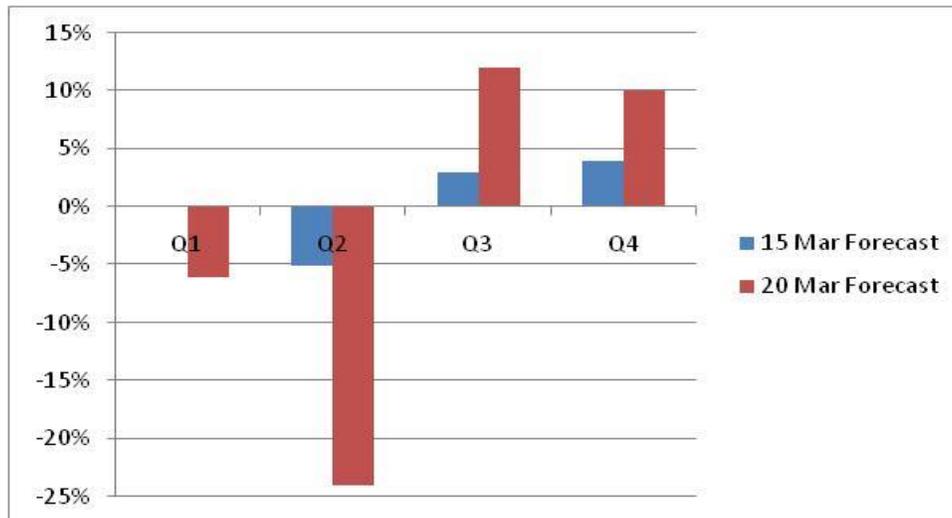
I’ve said it – and analysed it – repeatedly for two decades: nobody (myself included) can predict the future to any reliable degree. Equally, life unavoidably entails difficult tradeoffs. *Hence no nation, no matter how rich, can impose extreme measures in order to defend public health without incurring huge cost to economic health.* On 29 February, China’s National Bureau of Statistics provided an initial sign of the consequences of its efforts to suppress COVID-19. Its Purchasing Managers Index, which tracks the sentiment of manufacturers across the country, fell from 50 in December to less than 36 in February. A PMI above 50 indicates expansion and one below 50 implies contraction. February’s reading was by far the lowest in the series’ 15-year history; indeed, it was well below the weakest one (42.8) recorded during the GFC. As a result, and as *The Australian* editorialised on 11 March (i.e., before the Commonwealth decreed the closure of wide swathes of economic activity), “it’s almost impossible to think that Australia will escape a recession this year.” On the 13th, *The Wall Street Journal* agreed: “The U.S. and world economies look increasingly likely to slip into recession as growing swathes of business activities battered by the coronavirus outbreak shut down.” It quoted a former vice-

and Fauci’s estimates are accurate then COVID-19 will infect 3-5 billion people worldwide and kill 50-450 million. That toll (albeit from a much bigger base of population) approaches that of the Spanish Flu. As of 15 June, these estimates are clearly grossly overblown.

⁶ Indeed, in *The Weekend Australian* (14-15 March), Paul Kelly alleged that COVID-19 “is eroding the foundations of the international order.” Greg Sheridan went even further (note the tense of the verbs): “the three great disruptions since the Cold War have been the 9/11 terror attacks of 2001, the GFC of 2008-2009, and now coronavirus. Each has radically disrupted the international order ...”

president of the European Central Bank: “We are going into a global recession. The necessary measures to contain the spread of the virus made that unavoidable.”

Figure 1:
Goldman Sachs’ Forecasts, U.S. GDP, 2020



On 20 March, Goldman Sachs, the American investment bank whose arrogance greatly exceeds its acumen (if its leaders are so smart, [why during the GFC did they have to accept a \\$10 billion bailout in order to avert collapse?](#)) revised its previous (15 March) GDP forecasts. It'd previously predicted that in the second (March-June) quarter of 2020 the U.S. economy would contract 5%; it subsequently prophesied a collapse of 24% (Figure 1). Morgan Stanley was even more pessimistic: it reckoned that GDP in Q2 will fall 30%. And James Bullard, president of the Federal Reserve Bank of St Louis, was apocalyptic: [interviewed by Bloomberg on 23 March](#), he predicted a plunge of Q2 GDP of no less than 50% – and a skyrocketing rate of unemployment of 30%. That was no inadvertent or off-the-cuff remark: on the 26th, one of his economists published the assumptions that underlay this estimate. If anything resembling these figures eventuates, January-June 2020 will mark the severest – far exceeding anything that occurred during the Great Depression – half-yearly contraction in American history.

The initial indications were ominous. On 26 March, the U.S. Bureau of Labor Statistics reported that during the week of 16-20 March almost 3.3 million Americans – double the expected number – claimed unemployment benefits. Fewer than 300,000 did so the previous week. Such a surge is unparalleled. Moreover, it was an underestimate: several states' websites crashed or malfunctioned, and their call centres responded very slowly, as a tsunami of newly-jobless applicants tried to file simultaneously. During the next 4-6

weeks the rate of unemployment in the U.S. rose inexorably to ca. 18%, and a mind-numbing 30 million Americans joined the dole queue.

Yet GS's crystal ball also foresees a sharp upswing, i.e., strong growth in Q3 and Q4. Still, if its revisions are correct then during 2020 the U.S. economy will shrink ca. 12% – easily its biggest contraction since the Great Depression. (During severe recessions, like the ones which occurred in the early-1980s and GFC, the shrinkage was 1-4%.) Like others' predictions, GS's have been reliably – indeed, laughably – inaccurate (see, for example, [Don't Look Now, but Goldman Sachs Is Saying the Economy Is Nearly Recession-Proof](#), CNBC, 31 December 2019). The extent of its U-turn doesn't just reinforce the caution which should greet any prophesy; it also reflects the depth of current fears about how bad things are becoming.

The “good” news is that GS's prognosis for Australia is dire but not apocalyptic. It expects that by the end of this year GDP will shrink 6% and joblessness will soar to 8.5%. Morgan Stanley and Westpac are less sanguine: they say that the rate of unemployment will rise to 11.5%. Roy Morgan Research's measure of consumer confidence dived an unprecedented 28% during the week of 16-20 March. That's just above the previous all-time low recorded during the early-1990s recession, and 17% below the lowest point during the GFC. During the week of 23-27 March, it dropped further – to its lowest level on record (it dates from 1973).

Attention Tenured Academics: in the Real World, Trade-Offs Are Inescapable

It's a common misconception: economics isn't about *money*; it's about *choice*. Money is important, not least because it provides a medium of accounting and exchange, and thereby facilitates the division of labour; but as I showed in [The Bourgeois Manifesto](#), economics doesn't presuppose money. Indeed, it doesn't even require more than one person. Economics describes and explains how one or more people allocate scarce resources among competing alternatives. Hence [opportunity costs](#) (trade-offs) aren't just fundamental: they're unavoidable. If you allocate the limited resources – including time – at your command so that they satisfy one need, then these resources obviously won't be available to satisfy another. Further, by advancing one goal, your allocation will delay and might retard another. Indeed, *in the real world, which is a world of limited resources and unrestrained wants, there are no “solutions” – just trade-offs.*

Whether insiders⁷ understand it or not (many apparently don't),⁸ the world confronts a monumental tradeoff. It's not merely a horrible dilemma: it's the most audacious mass

social, economic and financial experiment – and insiders are the mad scientists wearing the white coats, and outsiders are the laboratory rats. [On 31 March I wrote:](#)

The cruel choice pits a potentially large number of (mostly older) people's lives against a certainly much bigger number of (mostly younger) people's livelihoods. What's now "non-essential" – discretionary retail, hospitality, tourism, etc. – had hitherto been major industries and indispensable sources of income for millions of people of modest means. Hence some will receive the choice's benefits; others will bear its costs.

Insiders and their mascots have caricatured this predicament as a choice between lives and money. [No measure – no matter how draconian – they allege, is unjustified if it saves a single life.](#) Nothing, they insist, is more important than staying safe; and, they smugly add, one cannot attach a dollar figure to a human life. In reality, it's an unavoidable choice between lives today and lives in the future.⁹ Insiders' mantra – "lockdowns save lives!" – reflects their own self-interest, which they conveniently conflate with what they call the "public interest" and the "national interest." The key

⁷ "We're all in this together" – unless you're not one of us, in which case you're on your own. The GVC has reinforced the chasm between insiders and outsiders, i.e., anointed rulers and their mascots on the one hand and the benighted ruled on the other. The state's employees and their lickspittles such as academics and journalists are insiders. They're "essential." Hence they've not just kept their jobs: they insist that others – outsiders whose livelihoods are inessential to the health of the state – must become and remain unemployed. The latter become, in effect, wards of the state.

⁸ This isn't obvious to 174 ivory-tower authoritarians, laughably dubbed "Australia's leading economists," who signed a petition demanding that draconian lockdowns continue. These fools' petition, which Adam Creighton rightly ridiculed as "bizarre" and Andrew Stone rejected as "absurd," asserted that "the trade-off between the public health and economic aspects of the crisis is a false distinction." However, the petition recognised that "the measures taken to date have come at a cost to economic activity and jobs," before asserting – without evidence – that this cost has been "far outweighed" by the lockdown's benefits. "Plainly," Henry Ergas sagely noted ("Return to Sender -- Economists' Letter Is Gibberish," *The Australian*, 23 April 2020), the petition "takes a position on the very tradeoff between costs and benefits whose existence [it denies]."

The clowns and jokes who signed this petition aren't merely learned ignoramuses – they're ignorant of their own area of alleged expertise! In short, they're economic illiterates. The petition confirms that, when one strips away its mathematical obscurantism, absurdly stupid ideas underpin contemporary mainstream economics. These economists are a featherbedded minority who, frankly, merit dismissal rather than protection.

⁹ Gary Calles ([Ending the Lockdowns Isn't about Saving Money – It's about Saving Lives](#) (*Mises Wire*, 25 April 2020) provides a good discussion.

question – which politicians and their academic and journalistic lackeys refuse to ask – is: [how many lives will politicians sacrifice in the name of fighting COVID-19?](#)

Insiders and their stooges extol the alleged benefits of draconian lockdowns. They take it for granted that these measures prevent or retard the spread of COVID-19, crimp the incidence of infection and thus reduce the number of deaths. Accordingly, they ignore or deny the truth: [little rigorous logic and systematic evidence supports lockdowns – and much disputes it](#) (more below). Insiders haven't merely asserted without evidence that they are beneficial; [they've also discounted or denied their costs](#) – that is, the economic, mental health and other consequences of throwing people out of work, cancelling or delaying elective [medical treatments and surgeries](#), interrupting schooling, forbidding meetings, worship, etc. In short, [unemployment kills](#). *Hence the objective of policy shouldn't be the minimisation of deaths attributable to COVID-19; it should strive to mitigate deaths from all causes. This is because a reduction of risk of death from coronavirus necessarily increases the risk of death from other causes.* Richard Sullivan, a professor of cancer and global health at King's College, London, provides one of many examples:

The number of deaths due to the disruption of cancer services is likely to outweigh the number of deaths from coronavirus over the next five years. Screening services have stopped, which means we'll miss our chance to catch many cancers (see "Clueless in Lockdown," *The Australian*, 21 April 2020).

It's blunt, crass and even unspeakable, but it's also undeniably true: purportedly in order to prevent deaths from coronavirus, Adam Creighton writes in *The Weekend Australian* ("We're Paying a High Price for Saving Not Many Lives," 25-26 April 2020), the Commonwealth Government is now spending vastly more than it hitherto did in order to mitigate deaths from all other causes. Ben Mol, a professor of obstetrics at Monash University, and Jonathan Karnon, a professor at Flinders University Medical Institute, speak common sense (which isn't so common in Australia these days). What matters, they rightly say, is not *lives* saved but *life-years* saved: "[Sweden](#) is saving the 50-year-old from dying from cancer, while Australia saves the 79-year-old ... from COVID-19 at an economic cost which is a multiple of what we would normally allow in healthcare." If his treatments succeed and he remains healthy, the Swede can expect to live another 30-35 years; hence this many life-years have been saved. Assuming that the Australian's treatments succeed and he remains healthy, he can expect to live just 6-7 years. That's only one-fifth as many life-years saved; taking into consideration the high financial cost, the bargain (for sufferers of other diseases and taxpayers) becomes even poorer. Assuming a willingness to spend \$70,000 per life-year saved, which these two doctors reckon has been the pre-COVID-19 average in this country,

then Australia would, from a rational perspective, be prepared to pay not more than \$3.8 billion to justify the gain life-years [from successful treatments of severe cases of coronavirus]. That's about 1.2% of the \$320 billion the government and Reserve Bank intend to spend ... Non-emergency healthcare has stopped, resulting in significantly fewer people presenting with acute heart problems, stroke and other serious illnesses, which is causing unnecessary deaths. Some cancer screening has also stopped. [Over time, these stoppages will cost lives.]

Insiders insist that, through their abstract goal ("flattening the curve"), their policy will mitigate one risk; they discount or dismiss the risk that they've thereby created – namely that this policy's concrete cost (flattening people's lives) greatly exceeds its alleged benefits. Insiders, in short, reject even the possibility that lockdowns entail tradeoffs; still less do they confess that their policy fetish could cost rather than save lives. They simply deny the reality of opportunity costs – in other words, the benefits (i.e., illnesses foregone and lives saved, etc.) that accrue by doing much less, i.e., not shuttering the economy, not cancelling non-coronavirus treatments, etc.

Insiders Declare Short-Term Victory – by Ignoring Outsiders' Long-Term Pain

"Australia's middle-path strategy to combat COVID-19," exults Paul Kelly ("Trust Rediscovered as PM Resists Pull to Extreme Measures," *The Weekend Australian*, 2-3 May 2020), "has delivered remarkable results by global standards." He quotes the federal government's health minister: "if Australia had done nothing, the virus would have ripped through the Australian community and led to massive human loss." Kelly can hardly contain his adulation of his rulers – and his scorn for doubters:

The Australian results are a function of trust, superior and faster decision-making, and better governance in an emergency ... This is the key to Australia's success ... Yet [it] has provoked [an] attack from the populist right with its fabricated [sic] claim: that Morrison blundered, exaggerated the COVID-19 danger, put the economy into needless recession and succumbed to a "cure worse than the disease" ...

Medical insiders, too, are congratulating themselves and disdaining their supposed inferiors. Kelly cited one:

We have averted a catastrophe. You only have to look at New York, London and Spain. To claim we didn't need to implement these measures is at best naive and at worst malicious. I think in Australia we really don't appreciate

what we have been spared. We have not lived in a situation where we've used ice rinks as makeshift morgues or seen refrigerated trucks outside hospitals. These things are happening in other high-income countries ... We predicted what could happen without intervention and we helped to avert that crisis. Our government did that by taking decisive action early. And if we ease restrictions tomorrow we will have epidemics.

Kelly boasts: "to this stage the Australian response has been far superior in every dimension." His arrogance is breathtaking – and his emphasis upon the short-term and neglect of its long-term consequences encapsulates the distemper of our times that I identified, described and analysed in [*The Bourgeois Manifesto*](#). But one of his throwaway sentences undercuts his entire argument: "down the track the economic cost will be assessed." Kelly lauds the government's policy's alleged benefits here and now for older Australians – and utters not a word about its invidious consequences down the track for younger ones. Janet Albrechtsen is having none of it. "Despite the sweet-sounding idea that we're in this together," she writes in the same issue of *The Weekend Australian* ("Morrison Needs to Speak to Hard-Hit Young Australians"),

the consequences of COVID-19 are not being shared anywhere equally ... Some, most especially the young, are being hit harder than others. Yet their voices haven't been heard even though they will suffer long after the health crisis has passed. Those with the loudest voices are those most cushioned by a trifecta of good fortune: they haven't lost their jobs, they haven't had a pay cut and they haven't even had their hours cut. They include medical experts, government ministers and [journalists] ... All tend to follow the same script on COVID-19.

... By a large margin, younger Australians have been more adversely affected by the national economic lockdown. Sixty percent of 18 to 24-year-olds have lost their job, had their hours cut or had their pay cut. Among those aged 25 to 34, the [percentages are] even higher: 63 percent have been seriously affected. By and large, older people haven't suffered [to the same extent] ... When the health crisis passes, the economic crisis will remain, and it will continue to hit young Australians hardest.

Also in that issue of *The Weekend Australian*, Greg Sheridan ("Abandon the Old? 'Not on My Watch,'"") indignantly and self-righteously proclaimed to the nation that he's a learned ignoramus. He correctly noted that "resources, even medical resources, are limited. One research program is funded at the expense of another and so on." Yet he also refused to accept these constraints: *any* choice to treat patient X at the expense of patient

Y is an “entirely different and radically destructive, profoundly anti-human move to the assertion that one human being is intrinsically less worthwhile than another.”

Ian Meredith is one of Australia’s most distinguished clinical and research doctors ... I stole 90 minutes of his time this week over the phone and he told me [that] in more than 30 years of practice he never refused a patient treatment because of their age, and *he never chose one patient over another because there weren’t resources to treat both* ... This week I have asked this question of a half-dozen brilliant and experienced physicians. They all gave me the same answer [italics added].

I’ll take Sheridan’s word that these doctors are brilliant. But outside their areas of speciality, they (and he) seem to be quacks. *Their claim is blatantly self-contradictory: the 90 minutes that Dr Meredith spent talking to Sheridan was 90 minutes that he couldn’t allocate to the treatment of patients* – no matter how old or young or black or poor. Because time is *always* a limited resource, in *every* situation we must choose either X or Y or Z, etc.; we simply cannot have everything. Life, in short, is precious – but not priceless.

COVID-19 Models – Like Most Models – Are Rubbish

What caused insiders to impose extreme, widespread and devastating lockdowns? They weren’t merely learned ignoramuses: they panicked. Why did they panic? They idolise false gods – “experts” and their statistical models. Modelers told politicians that if they did nothing then COVID-19 *would* – not *could* – kill as many as 500,000 people in Britain and 2.2 million in the U.S. Perhaps the most prominent – and certainly the most notorious – of these modellers is a [group headed by Neil Ferguson at Imperial College London](#). Its incantations concluded that in these two countries “suppression [of coronavirus] will minimally require a combination of social distancing of the entire population, home isolation of cases and household quarantine of their family members.” Crucially, they did “not consider the ethical or economic implications of either strategy” [suppression or mitigation; italics added]. Politicians failed to read the fine print – or to take broader advice or even think for themselves – and concluded that this allegedly grave danger amply justified extraordinary and extreme measures.

Governments that heeded Ferguson ignored the fundamental fact that he and his colleagues boast a very long track record of abysmally wrong and spectacularly erroneous predictions. These [egregious errors have entailed tremendous fear and ruinous cost](#):

- In 2001, the Imperial team produced modeling on foot and mouth disease that suggested that animals in neighbouring farms should be culled – even if no evi-

dence of infection existed! This [led to the total culling of more than six million cattle, sheep and pigs – which cost the British economy an estimated £10 billion.](#)

- In 2002, Ferguson predicted that [up to 50,000 people would likely die from exposure to BSE \(mad cow disease\).](#) He also [predicted that number could rise to 150,000](#) if an epidemic also occurred among sheep. In the UK, only 177 deaths have been attributed to BSE.
- In 2005, he stated that [bird flu could kill as many as up to 200 million people.](#) He based this “prediction” upon the crudest extrapolation: “around 40 million people died in 1918 Spanish flu outbreak... There are six times more people on the planet now so you could scale it up to around 200 million people probably.” By that risible “standard,” WHO was a model of restraint: “It is really difficult to know how many people will be infected but we know we have to get prepared.” Its “best case scenario” was 7.4 million deaths globally. Between 2003 and 2009, bird flu killed 282 people worldwide.
- In 2009, Ferguson and his team predicted that [swine flu’s “case fatality rate” lay in the range 0.3-1.5%.](#) The “most likely estimate” was 0.4%. Based upon this estimate, the British government anticipated a “reasonable worst-case scenario” of 65,000 deaths across the UK. In fact, [swine flu killed 457 people and its death rate was 0.026%.](#) The Imperial team overestimated the disease’s fatality rate 15-fold. As the Chief Medical Officer, Sir Liam Donaldson, stated: the swine flu pandemic was “considerably less lethal” than feared.
- On 22 March, Ferguson [said](#) that Imperial College London’s model of COVID-19 is based upon undocumented, 13-year-old computer code – which was intended to be used for an influenza pandemic rather than a coronavirus. “So the real scandal,” as one blog asks, is: [“why does anybody ever listen to this guy?”](#)

*As it was then, so it is now: actual deaths attributed to COVID-19 have been vastly lower than Ferguson’s and most other models predicted.*¹⁰ Why? One reason is that small changes of inputs can massively change models’ outputs. Consider the [interactive model described in this New York Times article](#); specifically, notice how the smallest changes in the virus’s reproductive number, R_0 , greatly alters its predicted outcomes. For example, tweaking R_0 from 2.3 to 2.4 trebles the projected number of infected people from 10 million to 30

¹⁰ See, for example, [Australia Prepares for 50,000 to 150,000 Coronavirus Deaths](#) (*The Sydney Morning Herald*, 16 March). The actual number was less than 80 on 1 May and ca. 100 on 1 June.

million. Conversely, if you assume that $R_0 = 2.1$ then the model prophesies that fewer than 1 million Americans will become infected. Tiny changes of inputs convert a blip into a catastrophe and vice versa.

How, in light of their abysmal track record, should the layperson judge modelers' claims? John Ioannidis, a professor at Stanford's School of Medicine who juggles appointments in statistics, biomedical data, prevention research and health research and policy, speaks much wisdom. Google Scholar ranks him among the world's 100 most-cited scientists. He has published more than 1,000 papers, many of them meta-analyses, i.e., reviews of other studies. On 24 April 2020, he told *The Wall Street Journal*:

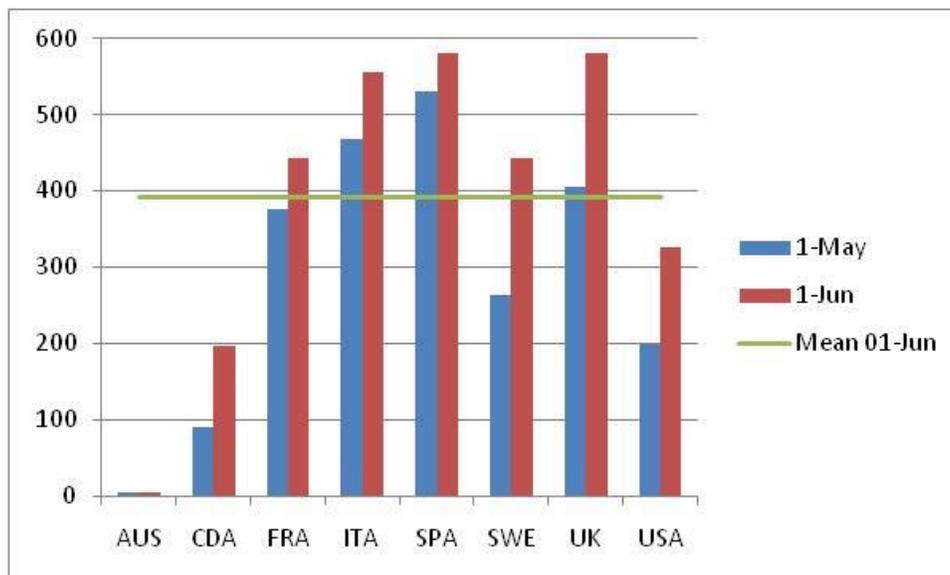
I love models. I do a lot of mathematical modelling myself. But I think we need to recognize that they're very, very low in terms of how much weight we can place on them and how much we can trust them ... They can give you a very first kind of mathematical justification to a gut feeling, but beyond that point, depending on models for evidence, I think it's a very bad recipe.

Modelers in the universities and their worshippers in the mainstream media have refused to admit that models whose predictions they confidently tout – and use shamelessly to scaremonger – have consistently been wildly inaccurate, i.e., just plain wrong.¹¹ Instead, they've claimed that vastly lower numbers of deaths are mainly a consequence of lockdowns: had politicians not imposed them, then models would have predicted much more accurately! That, of course, is absurd. It's embarrassing to insiders: [deaths attributed to COVID-19 per million of population](#) in Sweden, a [country that didn't implement draconian lockdown measures](#), is [lower than those of "lockdown nations" such](#)

¹¹ Dr. Ioannidis calls coronavirus "the perfect storm of that quest for very urgent, spectacular, exciting, apocalyptic results. And as you see, [modellers'] early estimates seem to have been tremendously exaggerated in many fronts." In a [March article in Stat News](#), he contended that COVID-19 is far less deadly than modellers were – and still are – asserting. He estimated that the fatality rate in the U.S. could be as low as 0.025% to 0.625%, and put the upper bound at 1% – which is comparable to seasonal flu. "If that is the true rate," he wrote, "locking down the world with potentially tremendous social and financial consequences may be totally irrational. It's like an elephant being attacked by a house cat. Frustrated and trying to avoid the cat, the elephant accidentally jumps off a cliff and dies." People are making "big statements about 'lockdowns save the world.' I think that they're immature. They're tremendously immature. They may have worked in some cases, they may have had no effect in others, and they may have been damaging still in others." Why do modelers' vast exaggerations receive so much uncritical attention? Ioannidis partly blames the media: "We have some evidence that bad news, negative news [stories], are more attractive than positive news – they lead to more clicks, they lead to people being more engaged. And of course we know that fake news travels faster than true news. So in the current environment, unfortunately, we have generated a very heavily panic-driven, horror-driven, death-reality-show type of situation."

[as Britain](#), France, Italy and Spain (Figure 2). And the rate in the U.S. – whose president’s response to COVID-19 is allegedly an [abject failure](#) – is lower than these major European nations. The rate in the U.S. is third-lowest; and deaths in Hong Kong and Taiwan (not shown), whose lockdowns were much less severe than Australia’s, are nonetheless as low as Oz’s. *The pandemic’s death rate within a country and the severity of its lockdown are thus unrelated; clearly, many other factors are at play.* Why is Australia’s rate so low? Perhaps it’s partly because its overall death rate is low (Figure 6); indeed, it’s virtually the only country whose rate has fallen steadily since 1960 (Figure 7).

Figure 2:
Death Rates from COVID-19 per Million of Population



“Australia Is a Standout Loser”

[Michael Levitt](#) isn’t an epidemiologist (nor, for that matter, is Neil Ferguson, who’s a [theoretical physicist by training](#); like many “insiders,” he also [refuses to practice what he preaches](#)). He is, however, Professor of Structural Biology at the Stanford School of Medicine and winner of the 2013 Nobel Prize for Chemistry. Since January he’s been paying close attention to COVID-19’s numbers of cases and deaths. In early-February, he predicted [with remarkable accuracy](#) that the epidemic in Hubei province would claim ca. 3,250 deaths. In an [interview on 2 May 2020](#), he elaborated his simple thesis: in outbreak after outbreak of this disease, a similar mathematical pattern is observable – regardless of the breadth and severity of government intervention. After an approximately two-week period of exponential growth of cases (and, subsequently, deaths), growth begins to decelerate and then quickly becomes “sub-exponential.”

If this is correct then the implications are profound. The scenarios modeled by Imperial College and others – which, Levitt agrees, panicked governments into drastic over-reaction – relied upon a presumption of continued exponential growth. They assumed, in other words, that a majority of the population would quickly become infected and that huge numbers of deaths would inevitably occur. *Yet this hasn't happened anywhere – even in countries whose responses to COVID-19 have been relatively lax.* “Are they all practicing equally good social distancing? I don't think so.”

Levitt criticises epidemiologists more generally: “they see their role as scaring people into doing something ...” Excess deaths in Europe so far this year have been ca. 140,000 – “not that much” when seen in the context of severe flu seasons. “In some of the worst flu episodes we get to those kinds of numbers ... Flu kills young people two or three times more than the coronavirus ... If we put those facts [into context] the burden of death from coronavirus will be less than that of bad flu.” Hence indiscriminate lockdowns are “a huge mistake.” Instead, Levitt advocates a “smart” policy that concentrates upon the protection of the elderly:

I see the standout winners as Germany and Sweden. They didn't practice too much lockdown and they got enough people sick to get some [herd immunity](#). I see the standout losers as countries like Austria, Australia and Israel that had very strict lockdown but didn't have many cases. They have damaged their economies, caused massive social damage, damaged the educational year of their children, but not obtained any herd immunity. There is no doubt in my mind that when we come to look back on this, the damage done by lockdown will exceed any saving of lives by a huge factor (see also Freddie Sayers, [Which Epidemiologist Do You Believe?](#) *Unherd*, 2 May 2020).

Health Crisis, What Health Crisis?

It's relatively easy accurately to count the total number of deaths from all causes within a given geographical area over a particular interval of time. Conversely, it can be very difficult to attribute particular causes(s) to a given death. This is particularly true among people who contract coronavirus. People with “co-morbidities” such as diabetes, obesity, etc., are particularly likely to contract COVID-19, and it's disproportionately likely to kill them (as opposed to those, who tend to be younger, who haven't yet developed such conditions). Consider a particular person who has just died. Was COVID-19, diabetes or obesity the cause of death? Is it reasonable to assign a single cause of death, or did more than one condition contribute to it? If so, which ones? In short, did a particular person die *of* COVID-19 or merely *with* it?

The U.S. Center of Disease Control and Prevention (CDC) collects and releases on a timely basis the total number of deaths in the U.S. and each of its 50 states. American and foreign media’s coverage of developments in that country has liberally used phrases like “unprecedented crisis,” interviewed paramedics and emergency room personnel describing their experience as a [war zone](#) and repeatedly broadcast images of [overflowing mortuaries](#), [burials in mass graves](#), etc. These reports suggest that the total number of deaths in that country has recently skyrocketed. *But it just ain’t so: until mid-March, the weekly number of deaths was indistinguishable from the corresponding numbers 2018 and 2019 – and since early-April they’ve been LOWER; is that evidence of crisis?*

Figure 3:
Total Number of Deaths from All Causes, U.S., Weeks 1-21 of 2018, 2019 and 2020

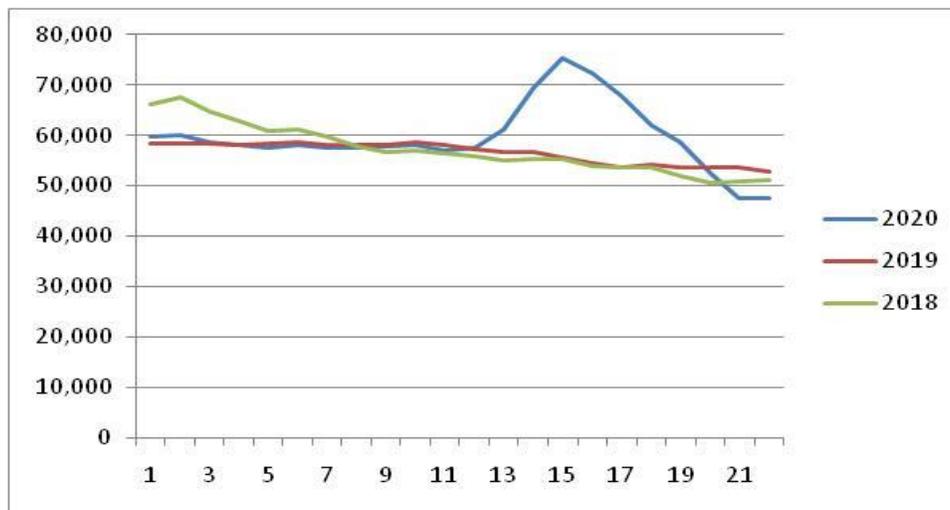


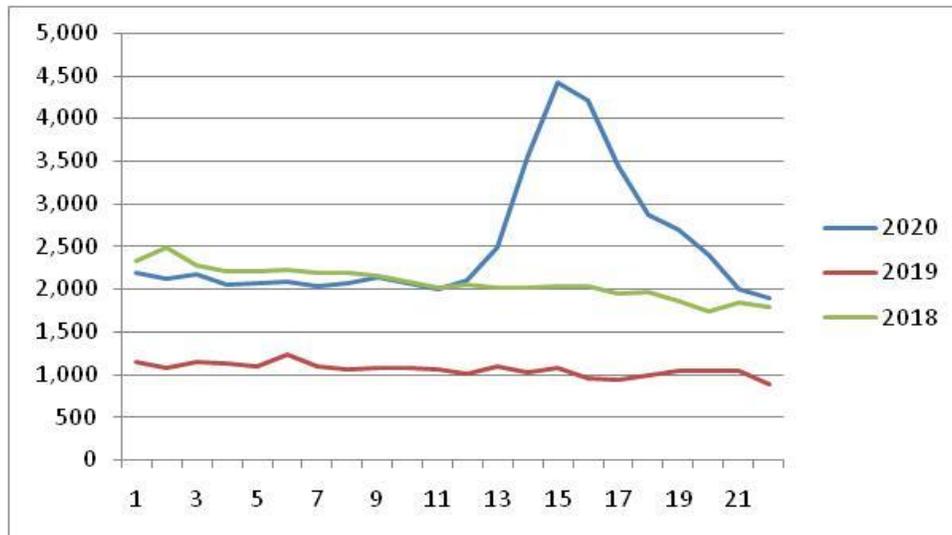
Figure 3 uses [data from the CDC](#) to plot total numbers of deaths – that is, from all causes – in the first, second, ... and 21st weeks of 2018, 2019 and 2020 (i.e., from 1 January to mid-May; see also Ryan McMaken, [As of Late March, Weekly Mortality Data Has Yet to Show a Surge](#), *Mises Wire*, 16 April 2020). As McMaken notes,

Totals for all deaths are an important metric to follow because the CDC [is now encouraging healthcare administrators to be “liberal” with assigning COVID-19 as the cause of death](#). Total deaths thus provide much-needed context. If COVID-19 deaths surge but total deaths increase by a much smaller amount, this helps us better understand the extent to which the general population is directly affected by the disease.

During these weeks in 2018, a total of 1.26 million people (average of 57,485 per week) died across the U.S.; the corresponding in numbers in 2019 and 2020 are 1.24 million

(56,397) and 1.31 million (59,686) respectively. This year, deaths increased ca. 6% compared to 2019 and 4% compared to 2018. *That doesn't support the contention that COVID-19 has caused a nationwide crisis. In Weeks 10-13, this year's deaths were the same as or lower than the other years'; it then rose above them in Week 14-17 – and have been below them since Week 18! If there was a crisis, it lasted no more than four weeks.*

Figure 4:
Total Number of Deaths from All Causes,
State of New York, Weeks 1-21 of 2018, 2019 and 2020



In some places, total deaths have indeed increased significantly. New York City has been a “hotspot” – not just of COVID-19 but of graphic, poignant and hysterical media coverage. Indeed, deaths in the metropolitan area (which includes parts of Connecticut and New Jersey) have accounted for more than half of the country’s COVID-19 death toll. *In New York State, deaths rose sharply – from ca. 2,000 per week in Weeks 1-12 to almost 4,500 in Week 15. By Week 20, however, they returned to the level prevailing in Weeks 1-12 (Figure 4). Apart from this surge, this year’s total number of weekly deaths in New York State has closely tracked its counterpart in 2018. In Weeks 1-8, both of these years’ series significantly exceeded last year’s.* McMaken concludes:

Of course, it is entirely possible that total deaths [across the U.S. in 2020 have fallen below where they’d otherwise be] by social distancing practices. With fewer vehicles on the road, there are fewer auto accidents ... On the other hand, economic collapse exacerbated by social distancing may be leading to more suicide and stress-related health problems. The extent to which these various factors contribute to overall mortality is unknown, and may never be

known. *But what does appear evident is that deaths due to COVID-19, at least so far, have not been sufficient to increase nationwide total mortality to a level that significantly exceeds what has been seen in the past decade [italics added].*

Death Rates from All Causes versus Numbers of Deaths with COVID-19

Expressing these data as rates of death per 1,000 of population reinforces McMaken’s conclusion. During Weeks 1-21 of 2020, according to the CDC’s data, 55,181 people died from all causes in New York State. That’s more than twice the number that died during the corresponding weeks of 2019 (23,310). In response, mainstream media shriek: “see – that’s PROOF that there’s a crisis!” Their frenzy ignores the number in 2018 (45,617). Total deaths during Weeks 1-21 of 2020 have increased ca. 20% compared to 2018: is that evidence of crisis? The state’s population is approximately 18.8 million (it’s losing population: the estimates for 2019 and 2018 are, respectively, 19.45 and 19.53 million). Expressing total deaths as a numerator and total population as a denominator, almost 0.3% of the state’s population died during Weeks 1-21 of 2020; ca. 0.1% died during the corresponding period of 2019. That’s a rate of almost 3 per 1,000 of population in 2020, and approximately 1 in 1,000 last year (Table 1). Is that evidence of crisis?

**Table 1:
Death Rates (per 1,000 of Population), All Causes,
State of New York and U.S., 2018, 2019 and 2020**

Jurisdiction	New York State		U.S.	
	Weeks 1-21	Weeks 1-52	Weeks 1-21	Weeks 1-52
2018	2.3	5.3	2.9	8.7
2019	1.2	2.8	2.8	8.6
2020	2.9	N.A.	2.6	N.A.

In the short-term, death rates across the U.S. are falling (but see below). And in the State of New York, they’ve been lower than the national rate. Hence this year’s national rate in Weeks 1-21 (2.6 per 1,000 of population) is lower than last year’s; and last year’s is lower than 2018’s. *The likelihood that a randomly-selected American died during the first 21 weeks of this year is LOWER than it was this time last year and two years ago.* In New York State, an epicentre of COVID-19 cases and deaths, the death rate in Weeks 1-21 is no higher in 2020 than it was across the nation in 2018; moreover, its annualised rates in 2018 and 2019 are lower than Australia’s (Figure 6 and Figure 7). *These points, it seems to me, disprove the claim that COVID-19 has triggered a “health crisis” in the U.S. in general and New York in particular.* Whether it’s reasoned or emotive, everyone’s entitled to his opin-

ion. But nobody's entitled to his own data; and the CDC's demonstrate that the typical covid-opinion and covid-decree is simply mistaken.

Since February, politicians and journalists have babbled daily and ranted wildly about raw numbers of deaths; in contrast, they've never uttered a syllable – calmly or otherwise – about individuals' overall risk of death. *For a randomly-selected American, COVID-19's addition to this risk is de minimis – that's Latin for "sweet F.A."* And yet rulers, to journalists' and academics' rapturous applause, have shuttered industries and upended – and perhaps ruined – scores of millions of lives. The average American's risk of dying from any cause – which is the real risk that should concern him and the rulers who insist that they're acting on his behalf – is lower this year than in 2019 and 2018. Of course, just as the hysterics have grossly overstated their case, I mustn't trivialise the situation. For diabetics, fat people, residents of aged-care facilities, etc., this risk is much higher than the average person's, and probably is significant in an absolute sense; but that was true well before anybody heard of coronavirus and will remain true once the pandemic and panic have subsided. *Together with the experience thus far from Sweden, whose leaders and people have largely kept their heads, Figures 3-4 and Table 1 hardly suggest that draconian nationwide lockdowns are necessary.* Quite the contrary: empirically, they seem to be counterproductive; morally, they're certainly reprehensible.

For Healthy People, COVID-19 Poses Less Risk than Car Crashes or House Fires

How many people have contracted the virus? Of this number, how many have died? Epidemiologists' answers to the first question are estimates. How valid are these estimates? They – and we – don't know. A death certificate, on the other hand, certainly tells us that someone has died, and the number of certificates reliably indicates the number of deaths (deaths are hard to fake or hide); but a certificate doesn't provide certainty about the cause of death. *Yet people who are otherwise healthy rarely succumb to coronavirus.* Virtually everybody who has died *with it* – [more than 99% of Italians in one study](#) – also suffered from at least two other life-threatening conditions such as diabetes and heart disease. *It bears repetition: its risk to healthy people is very small.*

Perhaps for that reason, COVID-19's contribution to excess deaths – the number in a given period above those in a typical year – has attracted suspiciously little attention. Data about deaths is reliable; data about deaths from coronavirus isn't. In that context, it's disturbing that a [study](#) conducted by New York City's Department of Health has attracted remarkably little notice. Released on 15 May, it reports that 32,000 people died in the City between 11 March 11 and 2 May – a period that encompasses the epidemic's peak and most of its death toll. In a typical year, ca. 8,000 deaths occur between those dates. Hence this year 24,000 excess deaths – of which only 14,000 were confirmed as

Covid-19 – occurred. Across the U.S. during this period, [according to the CDC](#), 82,000 excess deaths occurred. New York City’s population is 2.5% of the nation’s total; yet at the height of the pandemic, 29.2% of the country’s excess deaths occurred there.

That sounds frightening. *But if you exclude the states of New Jersey and New York, the number of excess deaths in the U.S. during the pandemic was only about 10% above normal – compared with 25% for France and 40% for Italy.* What do excess deaths tell us about an individual’s chance of surviving this pandemic? Clearly, everyone’s chance of dying in 2020 is greater than zero; equally, the younger and healthier you are, the better your chances. For an average 90-year-old, this year’s extra risk of death arising from residing in New York City between 11 March and 2 May was ca. 15%; for a 70-year-old, it was ca. 3% -- and for others it was too small to measure. *So if you’re healthy and live in New York City, COVID-19 hasn’t measurably increased your risk of dying; ditto if you’re an average American living elsewhere.* Your chance of being an extra corona-fatality was about 1 in 5,000; that’s a bit higher than chance of dying in a motor vehicle accident in a year. And if you’re under 50 and have no serious health conditions, your risk was roughly 1 in 50,000 – similar to your risk of dying in a house fire. In New York, those odds were ca. 1 in 300 and 1 in 3,000 respectively.

“Almost everything you hear about the virus is wrong,” wrote Greg Sheridan in *The Australian* (30 April 2020), “in the sense that it is speculative or [draws] conclusions from data which is [sic] not definitive.” Quite right; hence I’ve eschewed soft speculation and analysed valid and reliable data. How dangerous is COVID-19? For healthy people, it simply isn’t. How hazardous has been the mass hysteria? Extremely! Why did politicians place so many people under mass house arrest, and ruin so many businesses and lives? They panicked – and their subjects are suffering the consequences.

A Genuine Health Crisis

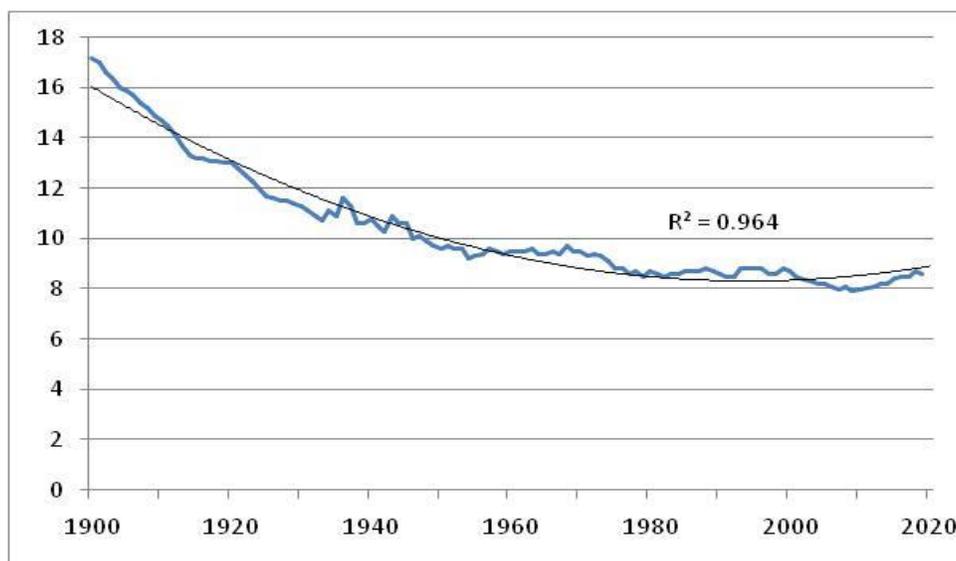
A real health crisis *does* grip the U.S., and it predates COVID-19 by as much as a decade; hence coronavirus might be a symptom, but it’s certainly not its cause. Figure 5 plots America’s death rate since 1900. Its overall trend is downwards: the rate has fallen from 17.2 in 1900 to 8.6 in 2019. Interestingly – and significantly – it didn’t rise during the Great War and Spanish Flu pandemic (which suggests that COVID-19’s impact will also be limited); its descent did, however, decelerate. The rate increased during the Great Depression (from 10.7 in 1933 to 11.6 in 1936, suggesting that the lockdown will prove more harmful to health than the pandemic) and Second World War (from 10.3 in 1942 to 10.9 in 1943), and remained well above 10 during the next couple of years before receding to 10 in 1946. From 1950 to 1970, it remained stable (at ca. 9.5); it then fell steadily (to 8.5 in 1982), remained stable (at ca. 8.5) until the mid-2000s and then dropped (to 7.9 in

2012). Since then it's risen – albeit from its all-time low – to 8.7 in 2018. *That's the only extended rise in the series' history – and, it seems, evidence of a genuine health crisis.*

The Washington Post ([“There's Something Terribly Wrong:” Americans are Dying Young at Alarming Rates](#), 27 November 2019) summarised the grim situation: death rates from suicide, drug overdose and dozens of other causes rose during the 2010s, particularly among young adults, have risen so much that overall life expectancy has sagged. A “strikingly bleak study” analysed the six decades of mortality data.

The report [entitled [Life Expectancy and Mortality Rates in the United States, 1959-2017](#) and published in the *Journal of the American Medical Association*] was immediately hailed by researchers for its comprehensive treatment of a still-enigmatic trend: the reversal of [an historical pattern, established in the early-20th century, of rising] longevity. Despite spending more on health care than any other country, the United States has seen increasing mortality and falling life expectancy for people age 25 to 64, who should be in the prime of their lives. In contrast, other wealthy nations have generally experienced continued progress in extending longevity ... The broad trend detailed in this study cuts across gender, racial and ethnic lines. By age group, the highest relative jump in death rates from 2010 to 2017 – 29% – has been among people age 25 to 34 [see also [Drug Crisis Is Pushing up Death Rates for Almost All Groups of Americans](#), *The Washington Post*, 9 June 2017].

Figure 5:
Death Rates (per 1,000 of Population), All Causes, U.S., 1900-2020



... "It [the death rate] is supposed to be going down, as it is in other countries," said the lead author of the report, Steven H. Woolf, director emeritus of the Center on Society and Health at Virginia Commonwealth University. "The fact that that number is climbing [suggests] there's something terribly wrong." He said many factors are at play. The [opioid epidemic](#) is a major driver of the worrisome numbers but far from the sole cause. The study found that improvements in life expectancy, largely because of lower rates of infant mortality, began to slow in the 1980s, long before the opioid epidemic became a national tragedy ... Given the breadth and pervasiveness of the trend, "it suggests that the cause has to be systemic, that there's some root cause that's causing adverse health across many different dimensions for working-age adults." The all-cause death rate – meaning deaths per 100,000 people – rose from 2010 to 2017.

Men overall have higher all-cause mortality than women, but the report pulls out some disturbing trends. [Women are succumbing to diseases](#) once far more common among men, even as men continue to die in greater absolute numbers. The risk of death from drug overdoses increased 486% for midlife women between 1999 and 2017; the risk increased 351% for men in that same period. Women also experienced a bigger relative increase in risk of suicide and alcohol-related liver disease. Increasing midlife mortality began among whites in 2010, Hispanics in 2011 and African Americans in 2014.

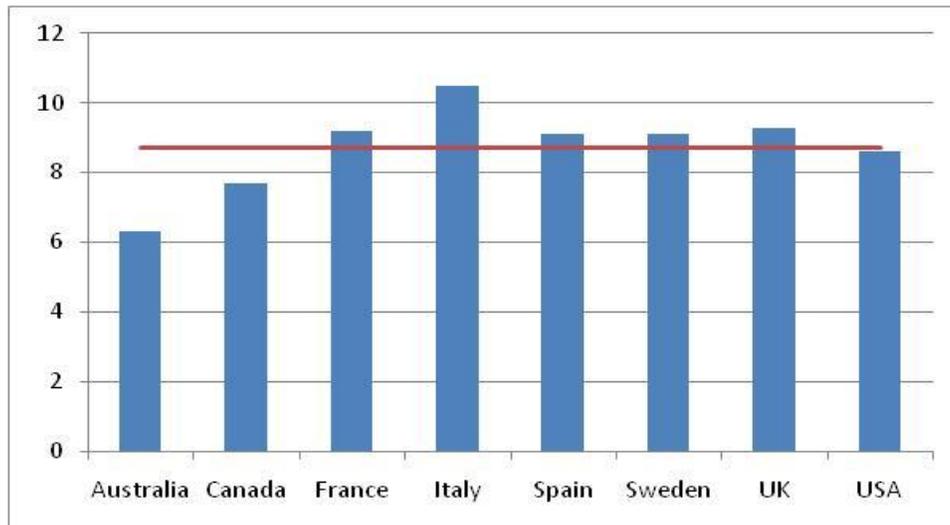
Outside researchers praised the study for knitting together so much research into a sweeping look at U.S. mortality trends. "This report has universal relevance. It has broad implications for all of society," said Howard Koh, a professor of public health at Harvard University. The report reveals a broad erosion in health, with no single "smoking gun," said Ellen Meara, a professor at the Dartmouth Institute for Health Policy and Clinical Practice. "There's something more fundamental ... whether it's economic, whether it's stress, whether it's deterioration of family," she said. "People are feeling worse about themselves and their futures, and that's leading them to do things that are self-destructive and not promoting health."

The JAMA report looked at life expectancy and mortality across the country from 1959 through 2017. The general trend: Life expectancy improved a great deal for several decades, particularly in the 1970s, then slowed down, leveled off and finally reversed course after 2014, decreasing three years in a row. The average life expectancy in the United States fell behind that of other wealthy countries in 1998, and since then the gap has grown steadily. Experts

refer to this gap as the United States' "health disadvantage" ... Princeton professors Anne Case and Angus Deaton, whose much-publicized report [[Rising Morbidity and Mortality in Midlife among White non-Hispanic Americans in the 21st Century](#)] in 2015 pointed to ... a "sea of despair" in the United States among people with only a high school diploma or less.

[Obesity is a significant part of the story](#). The average woman in the United States today weighs as much as the average man half a century ago, and men now weigh about 30 pounds more. Most people in the United States [are overweight](#) – an estimated 71.6% of the population age 20 and older ... That figure includes the 39.8% who are obese, defined as having a body mass index of 30 or higher in adults (18.5 to 25 is the normal range). Obesity is also rising in children; nearly 19% of the population age 2 to 19 is obese. "These kids are acquiring obesity in their early teen years, sometimes under the age of 10," said S. Jay Olshansky, a professor of public health at the University of Illinois at Chicago. "When they get up into their 20s, 30s and 40s, they're carrying the risk factors of obesity that were acquired when they were children. We didn't see that in previous generations." "This isn't a one-time phenomenon," he added. "It's going to echo through time."

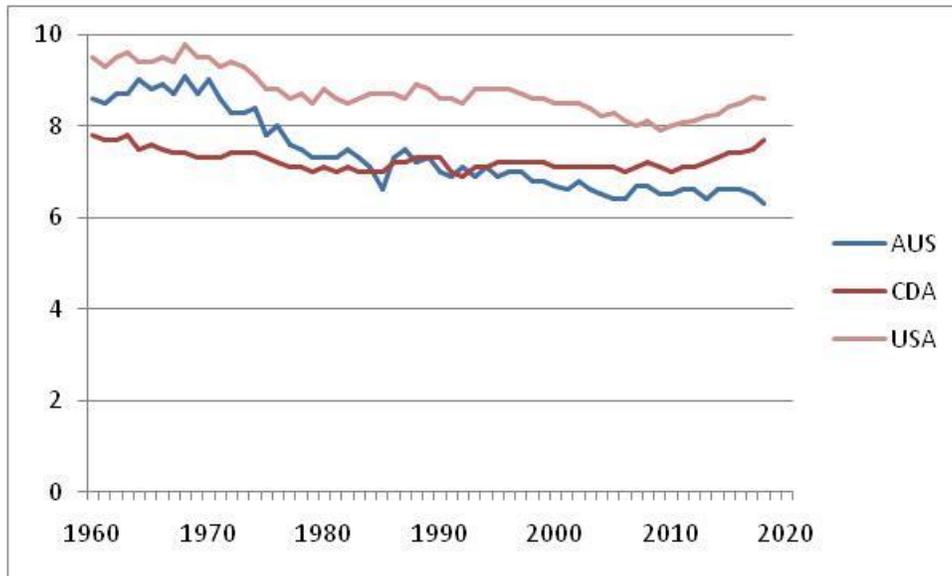
Figure 6:
Death Rates (per 1,000 of Population), All Causes, Eight Nations, 2018



American academics' reluctance to compare themselves to others is notorious. Using [data compiled by the World Bank](#), Figure 6 compares deaths rates in the same eight countries as in Figure 2. *If there's a crisis in the U.S., then even bigger ones are occurring in France, Italy, Spain, Sweden and the UK.* The U.S., together with Australia and Canada, is

the only country whose crude rate is less than the eight-nation average. On the other hand, deaths rates in the U.S. have for more than 50 years been much higher than in Australia and Canada (Figure 7). If a rising rate means crisis, then Canada's is worse: the rate in the U.S. remains well below its level in 1960; Canada's, in contrast, is now higher than it was then. Only Australia's has fallen steadily.

Figure 7:
Death Rates (per 1,000 of Population), All Causes, Three Nations, 1960-2018



Do Lockdowns Save Many Lives?

Do comprehensive shutdowns of large swathes of economy and society retard the spread of COVID-19? On a state-by-state basis in the U.S., how many lives have shutdowns saved? T.J. Rodgers and two of his colleagues analysed data which address these questions. "Do Lockdowns Save Many Lives? In Most Places, the Data Say No" (*The Wall Street Journal*, 26 April 2020) summarises the results of their analysis:

We counted deaths per million population for a fixed 21-day period, measured from when the death rate first hit 1 per million ... A state's "days to shutdown" was the time after a state crossed the 1 per million threshold until it ordered businesses shut down ... These ranged from minus-10 days (some states shut down before any sign of COVID-19) to 35 days for South Dakota, one of seven states with limited or no shutdown. The correlation coefficient was 5.5% [out of a maximum possible of 100%] – so low that the engineers I used to employ would have summarized it as "no correlation" and moved on to find the real cause of the problem. No conclusions can be drawn about

the states that sheltered quickly, because their death rates ran the full gamut, from 20 per million in Oregon to 360 in New York. This wide variation means that other variables – like population density or subway use – were more important ... That suggests New York City might have benefited from its shutdown—but blindly copying New York’s policies in places with low COVID-19 death rates, such as my native Wisconsin, doesn’t make sense. Sweden is fighting coronavirus with common-sense guidelines that are much less economically destructive than the lockdowns in most U.S. states. Since people over 65 account for about 80% of COVID-19 deaths, Sweden asked only seniors to shelter in place rather than shutting down the rest of the country; and since Sweden had no pediatric deaths, it didn’t shut down elementary and middle schools. Sweden’s containment measures are less onerous than America’s, so it can keep them in place longer to prevent COVID-19 from recurring. Sweden did not shut down stores, restaurants and most businesses, but did shut down the Volvo automotive plant, which has since reopened, while the Tesla plant in Fremont, Calif., was shuttered by police and remains closed.

How did the Swedes do? They suffered 80 deaths per million 21 days after crossing the 1 per million threshold level [recall Figure 2]. With 10 million people, Sweden’s death rate – without a shutdown and massive unemployment – is lower than that of the seven hardest-hit U.S. states – Massachusetts, Rhode Island, Louisiana, Connecticut, Michigan, New Jersey and New York – all of which, except Louisiana, shut down in three days or less. We should cheer for Sweden to succeed, not ghoulishly bash them. They may prove that many aspects of the U.S. shutdown were mistakes – ineffective but economically devastating – and point the way to correcting them.

Is “Social-Distancing,” Etc., Scientifically Justifiable?

“The piecemeal scaling back of restrictions by state governments,” wrote Adam Creighton, thanks to which our rulers now graciously allow family picnics in Queensland, visits to friends in NSW and weddings and funerals in Western Australia, “might give the impression [that] some careful assessment of their costs and benefits is informing decisions. There appears to be none” (see “Official ‘Advice’ Mocks Our Unbending Restrictions,” *The Australian*, 29 April 2020). In October 2019, the World Health Organization assessed the effectiveness of “non-pharmaceutical interventions” such as social distancing, workplace and school closures and travel restrictions in “based on the latest scientific literature.” Its report, entitled [Non-pharmaceutical Public Health Measures for Mitigating the Risk and Impact of Epidemic and Pandemic Influenza](#), advised the

world's governments about "best practice" in the event of "future influenza pandemics."

WHO's advice is surely timely – and deeply disturbing. Rigorous science – and common sense – supports the effectiveness of hand hygiene and "respiratory etiquette" (in plain English, try not to cough, sneeze, snort or spit, and presumably retch, upon others). Yet its review of the peer-reviewed scientific literature also concluded, in Creighton's words, that "there's precious little evidence for any of the other vast array of interventions governments have enacted." In WHO's words, "we found that there is a limited evidence base on the effectiveness of non-pharmaceutical community mitigation measures." *Bluntly, there's weak or nil evidence to support the policies which "insiders" around the world have embraced enthusiastically – and imposed upon "outsiders."* It's certain that these policies have temporarily impaired – and perhaps permanently ruined – the livelihoods of hundreds of millions of people around the world. Yet no solid evidence underlies them! Most notably,

- Evidence of the effectiveness of school and workplace closures is "very low" – and, WHO acknowledged, are ethically problematic given the imposition on parents and significant fall "in the economy and productivity of a society;"
- "There is no evidence on the effectiveness of travel advice and ... border closures may be considered only by small island nations in severe pandemics and epidemics but must be weighed against potentially serious economic consequences;"
- "Entry and exit screening for infection in travellers is not recommended because of the lack of sensitivity of these measures in identifying infected by asymptomatic travellers." WHO's analysis acknowledged the possible benefits of such measures, but was more concerned about their economic and social costs.
- Enthusiasts of the Commonwealth Government's COVIDSafe app, avert your eyes: "active contact tracing is not recommended in general because there is no obvious rationale for it."

Creighton concludes:

Sweden, ... the *bête noire* of the global lockdown movement, is experiencing the same number of new infections each day as it was a month ago, making a mockery of forecasts of disaster if it didn't put its people under house arrest for weeks. It's too early to make a definitive assessment of which interventions [if any, apart from washing of hands and refraining from coughing and spitting in others' faces] appear most effective in combating COVID-19. But a casual look at the performance of different countries [recall Figure 2] and

Australian states seems to bear out what the WHO concluded last year. The human desire for ritual, and our laudable want to do the right thing, appear [more than science] to underpin, social distancing restrictions. [Stockholm Syndrome](#) appears to be more common outside Sweden than in it.

A Time Not Long Ago When the Massive Overreaction of Politicians and “Experts” Cost Many Lives and Trillions of Dollars

Anyone who saw it will never forget it; and virtually everybody saw it. Some observed it live on TV, and those who didn't soon saw the recording – repeatedly. In the frantic hours and days that followed, the images were rebroadcast incessantly. In London, Paris, Moscow, Tokyo and every major city around the world, and in every town, village and rural area within reach of modern media of communications – which means practically the entire planet – people witnessed the tragedy. Never in human history had so many shared such an experience. Almost 3,000 people died that day. That was approximately 1 in 100,000 Americans. Hundreds of thousands – perhaps 1 in 10,000 – lost family or friends. Clearly, however, the attacks on 11 September 2001 didn't directly affect the overwhelming majority of people in the U.S., much less people in other countries. Accordingly, around the world on the 12th, virtually everybody returned to his daily routine. Yet things didn't seem quite the same; moreover, and given what occurred on the 11th, many mused, they couldn't return to what they'd been on the 10th.

At first glance, the resultant changes of behaviour seemed prudent. The American public's propensity to fly, for example, decreased sharply. When commercial flights in the U.S. resumed several days after the attacks, many aeroplanes were nearly empty. “Sure,” erstwhile passengers said to themselves, “thousands are taking to the skies daily, and the chance of crossing a hijacker's path might be miniscule; but why risk it?” People also noted that politicians and “experts” repeatedly warned that even more shocking attacks could – indeed, likely would – occur. As a result, for months some people eschewed apparently “risky” air transport and took the seemingly “safe” option: they drove. Airlines' executives worried what an exodus of Americans from aeroplanes to cars would do to the industry – and their bonuses. They and their lobbyists in Washington expressed these concerns to politicians – who hastily enacted a [multi-billion dollar bailout](#) of the industry.

Conversely, few fretted about the upsurge of car travel. Why would they? The average man “knew” that road transport was safe – after all, he drove almost every day – and recent events had proved that air travel could be deadly. “Didn't you see the reports about the attacks,” he scolded anyone who queried the hysteria, “and the heart-rending interviews of those who'd witnessed them and lost family and friends?” Alas, nobody

mentioned – perhaps because it can't be depicted vividly and emotively, the media seldom gave anybody the airtime to remind listeners and viewers – that [air travel is far safer than driving](#). Indeed, it's dramatically safer: the most dangerous part of a typical flight, as one wag aptly put it, is the drive to and from the airport.

The "safety gap" is so large, in fact, that flights would still be ca. twenty times safer than road-trips even if the threat of terrorism was hundreds of times worse than it actually is: if terrorists commandeered and crashed one passenger jet per week in the U.S., for example, a person who took one flight per month for a year would stand only a 1-in-135,000 chance of being killed in a hijacking – a trivial risk compared to the odds (1-in-6,000 per year) of being killed in a car crash. Under the extremely improbable assumption that one attack occurred monthly for a year, and each was as deadly as the one on 11 September 2001, the attacks would kill 36,000 people. This toll would certainly be horrific; equally certainly, it would hardly pose a mortal threat to the average American. The chance of being killed in this carnage would be ca. 1 in 7,750. By comparison, two decades ago in the U.S., the annual risk of dying in a motor-vehicle accident was ca. 1 in 6,500.¹²

In late-2001, analysts of risk were well aware of this safety gap. And they understood what a large-scale and extended shift from air to road transport would entail. If one person stops flying for a few months and drives instead, nothing much will likely happen; he'll probably survive. But if millions of people do likewise for a year, crashes will certainly kill some and injure more. Yet car crashes, even fatal ones, aren't like plane crashes – and they're nothing like terrorist hijackings of passenger airliners. Car crashes happen all the time, and each crash seldom kills more than a couple of people. They're therefore background noise, an unfortunate but nonetheless normal and supposedly unavoidable part of life. Perhaps for this reason, and unlike terrorist attacks involving aeroplanes, they don't inspire Hollywood movies and TV serials; they don't preoccupy "experts" – and they don't become grist for vote-seeking politicians' mills. Hence in the months following the attacks on 11 September 2001, as politicians and journalists obsessed and fear-mongered about terrorism, some of the many people who fled "chancy" aeroplanes for the "safety" of cars died on America's roads. Journalists and politicians, if they noticed (which is doubtful), shrugged.

A few people, however, did notice. One, Gerd Gigerenzer, a psychologist at the Max Planck Institute in Berlin, compared road fatalities in the U.S. before and after 11 September 2001.¹³ He found that the shift from aeroplanes to cars lasted approximately one

¹² Dan Gardner, *The Science of Fear*, Plume, 2009, p. 3 and chap. 11.

year, and that fatalities on American roads increased markedly in the year after the attacks. He also estimated the number of Americans killed in car crashes as a direct result of the switch from planes to cars. That number, 1,595, was more than one-half the total death toll in the attacks. Apart from the family and friends of these 1,595 people, however, nobody – certainly not the mainstream media – noticed. And not even family and friends understood what had taken these lives. They thought that accidents had killed their loved ones. That’s superficially true. More profoundly, however, these 1,595 people’s fear – and consequent drastic overreaction to a tiny but nonetheless hyper-publicised risk – killed them.

This fundamental point generalises. Outside the Middle East, the [risk of terrorism is minute](#): in the 20th century, fewer than twenty attacks killed more than 100 people. From 1945 to 2001, according to [data compiled by the U.S. State Department and others](#), such attacks (including those on 11 September 2001) killed an average of 60 Americans per year. Yet in the 2000s Americans feared another terror attack more than almost anything else – and certainly far more than things (like diabetes, heart disease, hypertension and obesity) that actually threaten their longevity. For a decade after the attacks, terrorism was *the* bête noire: it totally dominated the U.S. Government’s (and, to lesser extents, the Australian, British, etc., governments’) agenda. George W. Bush insisted – risibly, but few dared to laugh, and it was no laughing matter – that it imperilled the “very survival” of the U.S. Tony Blair extended the hyperbole even more absurdly: he said that the West as a whole faced a danger that was “existential.”

Terrorism’s risk is miniscule, but no matter: an untutored and remarkably incurious president – not coincidentally, the only one with degrees from both Harvard and Yale – used the attacks on 11 September 2001 as a pretext to launch two of the longest, among the financially costliest – and, it seems almost 20 years later, unwinnable – wars in U.S. history. The American attacks on Afghanistan and Iraq cost 7,000 American military lives. That’s more than twice the number killed in the attacks on New York, Washington and elsewhere. Moreover, hundreds of thousands of people, mostly civilians, were killed during these wars in these benighted countries, and America splurged at least \$2 trillion and perhaps as much as \$4 trillion. Most Americans, and certainly the mainstream media, noticed the loss of these military personnel (they weren’t nearly so observant of foreign deaths). Again, however, few understood what had taken these lives. Many thought that Talibs or Iraqi insurgents had done so. That’s superficially true.

¹³ See, for example, “Dread Risk, September 11, and Fatal Traffic Accidents,” *Psychological Science*, vol. 15, no. 4 (May 2004), pp. 286-7; [Out of the Frying Pan into the Fire: Behavioral Reactions to Terrorist Attacks](#), *Risk Analysis*, vol. 26, no. 2 (April 2006), pp. 347-351; and [Why What Does Not Kill Us Makes Us Panic](#), *Project Syndicate* (12 March 2020).

More profoundly, however, American rulers' wounded pride and bloodlust to avenge the attacks, their ignorance of history – and above all their misconception of and gross overreaction to risk – eventually killed and maimed many times the number lost on 11 September 2001.

What People, Pollies and Journos Fear – versus What Actually Threatens Them

This key point generalises: how people perceive many risks, and how they act in response to these risks, is often nonsensical – sometimes tragically and other times comically so. In research published in 1990, for example, George Loewenstein and Jane Mather compared people's subjective concern about nine risks, such as AIDS, crime and suicide, with objective measurements of those risks.¹⁴ In some instances, the concern bore some connection to the actual level of risk, but mostly the two were unrelated – sometimes absurdly illogically so. For example, in Europe smokers are more likely than non-smokers to fear genetically-modified foods: the same idiot who puffs cancer sticks, in other words, will march in the streets in order to demand the prohibition of foods he's already free to eschew – foods, it's worth mentioning, that haven't caused so much as a single case of indigestion, never mind cancer.

“Leaders” and their advisers don't differ much from the man in the street: what they fear usually bears little relationship to what actually threatens them. Indeed, what causes them to panic often bears an inverse relationship to actual risk. If it weren't so serious, it'd be utterly laughable: since late-2001, the U.S. and its Western allies have launched two unwinnable wars, lost thousands of soldiers, slaughtered hundreds of thousands of civilians and spent trillions of dollars in order to combat a miniscule (from the point of view of the average person's lifespan) threat. Stupid and ignorant politicians panicked – and frightened millions of people by vastly overegging this risk; their subjects, in turn, sat in front of their TVs, stuffing junk food into their gobs, quaffing far too much alcohol, taking way too little exercise, etc. – that is, indulging the behaviours that create the risks that will eventually impair their health and shorten their lives. If Western governments had devoted a minute fraction of the effort to the real danger of heart disease, diabetes, etc., that they've devoted to the chimera of terrorism, many of the lives that were lost to these diseases during the past two decades might have been saved (or, at least, extended). That's what happens when assessments of risk bear little relationship to reality: colossal wastage of money and resources occurs, and people die for no sane reason. It happened in the wake of the attacks on New York in 2001, and it happened earlier this year in response to COVID-19.

Why Are So Many Assessments of Risk So Consistently – and Greatly – Askew?

¹⁴ See, for example, [Dynamic Processes in Risk Perception](#), *Journal of Risk and Uncertainty*, vol.3, no. 2 (February 1990), pp. 155-75.

Why do so many people – including people who regard themselves as America’s best and brightest – so often get their assessments of risk so wrong? Why, in particular, do so many people dread relatively minor – albeit graphic and novel – risks? And why do they ignore or deny so many mundane yet significant ones? Part of the answer is that sex sells – and so does fear. Countless companies, consultants – and journalists and media outlets – know this very well. Fear is a fantastically effective sales and marketing tool: indeed, perhaps except lust, greed and envy, nothing works better.

Fear is politicians’ stock-in-trade: they vastly exaggerate threats (Communism in the 1920s and again in the 1950s-1970s, terrorism after 11 September 2001, “climate change” more recently, etc.) and denounce opponents who adopt less hysterical postures.¹⁵ Bureaucrats – including and perhaps especially government-sponsored “scientists” – push the barrow of fear in order to expand their budgets. They have mastered the rule “no problem, no funding” – and have thereby prostituted themselves into becoming propagandists of panic.¹⁶ Activists and NGOs – who often masquerade as humanitarians and

¹⁵ H.L. Mencken, the dean of American journalists, essayists and literary critics from the 1910s to the 1930s, wrote in 1920 that “the whole aim of practical politics is to keep the populace alarmed (and hence clamorous to be led to safety) by menacing it with an endless series of hobgoblins, all of them imaginary.” The hobgoblins are fanciful; the aim is genuine. Hence politicians repeatedly exaggerate threats not merely because it suits their interests; they also do it because they’re human beings, i.e., poor assessors of risk. In other words, they typically believe their own propaganda. Their exaggeration is misguided but their belief is sincere. As Dr Rowan Williams, the Archbishop of Canterbury, wrote in an [open letter sent to Britain’s party leaders](#) before the 2005 election, “election campaigns can quickly turn into a competition about who can most effectively frighten voters ... Like a lot of other people, I suspect that voters don’t make up their minds primary on the grounds of fear ...” Dr Williams’ characterisation is correct. But his faith in voters may be misplaced (see Gardner, pp. 138-140).

¹⁶ How much are “scientists” willing to prostitute themselves? [In a chilling interview with Discover magazine](#), Stephen Schneider unintentionally described the hole into which he’s fallen. If others are anything like him, then they too have crossed the Rubicon into self-contradictory, shameless and smug agit-prop: “On the one hand, as scientists we are ethically bound to the scientific method, in effect promising to tell the truth, the whole truth and nothing but – which means that we must include all the doubts, the caveats, the ifs, ands and buts. On the other hand, we are not just scientists but human beings, as well. And like most people we’d like to see the world a better place ... To do that we need to get some broad-based support, to capture the public’s imagination. That, of course, means getting loads of media coverage. So we have to offer up scary scenarios, make simplified, dramatic statements, and make little mention of any doubts we may have. This ‘double ethical bind’ we frequently find ourselves in cannot be solved by any formula. Each of us has to decide what the right balance is between being effective and being honest. I hope that means being both.”

scientists – know full well that they’re only as influential as their media profile is big – and that the surest way to boost that profile is to tell scary stories that attract reporters like vultures to corpses.¹⁷

Most Journalists Don’t Analyse Because They’re Incapable of Analysis

Whether it’s print, broadcast or online, emotion – not reason – underpins journalism. Its standard format is a cookie-cutter: introduce a person whose story is poignant; connect that person and her story to some larger subject (“issue”); perhaps embellish the story with some statistics (which are typically a combination of irrelevant, incomplete and unrepresentative, and thus invalid and unreliable); and close by returning to the person with the emotionally-compelling story. “It’s a sugar-coated pill,” says Dan Gardner,

and done well, it is journalism at its best. It connects the reader emotionally but also provides the intellectual substance [sic] needed to really understand the issue. It is, however, a lot easier to tell someone’s touching story and skip the stuff in the middle, and the delightful thing – delightful for the lazy journalist, that is – is that a touching story minus analysis is just as likely to grab and hold the attention of readers and viewers as a touching story with excellent analysis (p. 91).

In other words, the typical journalist possesses a strong incentive to emote – and lacks any incentive (and therefore probably the ability) to analyse. As a result, over time the average journalist has become incapable of rational thought; these days, many journalists simply emote. Gardner continues:

People love stories about people. We love telling them and we love hearing them. It’s a universal human trait, and [it] suggests to evolutionary psychologists that storytelling – both the telling and the listening – is actually hard-wired into the species.

Gardner’s view (pp. 151-152) is as trenchant as it is true: “Uncertainty is so central to the nature of science that it provides a handy way of distinguishing between a scientist talking as a scientist and a scientist using the prestige of his white lab coat to support political activism. Look at the language. If a scientist delivers the simple, unconditional, absolutely certain statements that politicians and journalists want, he is talking as an activist, not a scientist.”

¹⁷ Activists, charities and NGOs, too, have interests. Hence they use fear to expand memberships, boost donations, increase their profiles in the media and clout in the corridors of political power. They unashamedly seek to promote their conception of what they call “the public good” – which bears an uncanny resemblance to their leaders’ self-interest. “It’s precisely that high-minded motivation,” says Gardner (p. 143), “that so often leads activists, NGOs and charities to [peddle] fear.”

The trouble is that stories unleavened by valid logic and reliable data can become fables and fairy-tales; worse, they risk becoming outright falsehoods. “The media obviously play a key role in getting waves [of anger, outrage, panic and other emotions] started and keeping them rolling,” Gardner writes:

Watch any newscast, read any newspaper: important claims about hazards ... will simply be stated as true, without supporting evidence. Why? Because they are what “everybody knows” is true [and most journalists are too busy, lazy and stupid to “fact-check”]. In other words, they are group opinions ... The media also respond to rising worry by producing more reports – almost always emotional stories of suffering and loss – about the thing that has people worried. And that causes ... [readers and viewers] to sit up and take notice ... More fear, more reporting. More reporting, more fear. Like a microphone held too close to a loudspeaker, modern media and the primal human brain create a feedback loop (pp. 115-116).

It’s a recurring conclusion of research into people’s assessment of risk: they greatly overestimate the likelihood of being harmed or killed by things that lead the evening news, and massively underestimate the risks from those that don’t. What makes the evening news? Rare, vivid and catastrophic things that grab our attention: things like murder, terrorism, fire and flood – and now, apparently, flu pandemics. What doesn’t make the news are the routine – and major – causes of death that kill one person at a time, take years or decades, and don’t lend themselves to strong emotions and graphic pictures: things like diabetes, heart disease and obesity. The gaps between people’s perception of a risk and that risk’s actual magnitude are often stunning. Most people in most Western countries believe that accidents and disease kill approximately equally; in fact, every year disease takes 10-20 times more lives than accidents.¹⁸

¹⁸ Paul Slovic and Sarah Lichtenstein demonstrated that the media give disproportionate coverage to dramatic, violent and catastrophic causes of death – precisely the sorts of risks that lend themselves to vivid, disturbing images – while paying far less attention to slow, quiet killers like diabetes (see, for example, Baruch Fischhoff, Paul Slovic and Sarah Lichtenstein, “Lay Foibles and Expert Fables in Judgments about Risk,” *American Statistician*, vol. 36, no. 3, part 2 (Proceedings of the Sixth Symposium on Statistics and the Environment, August 1982), pp. 240-255). Gardner (chap. 8) examined how leading American magazines gave “impressively disproportionate” attention to murder, car crashes, and illicit drugs, while tobacco, stroke and heart disease got nowhere near the coverage proportionate to their death toll. A study of local TV news produced much the same results: deaths caused by fire, murder, car crashes and police shootings were widely reported; deaths caused by falls, poisonings and accidents got little notice. “Overall,” Gardner concluded, “the picture of

The probability that a person selected randomly – such as *you* – will suffer a disaster like a car crash, house fire, murder etc., during the next (say) year is very low; conversely, the probability that *somebody* will suffer such a misfortune is almost certain. This isn't because disasters are so frequent; it's because there are so many people. The population of the U.S. is ca. 325 million (counting illegal residents, it's perhaps as high as 350 million), the EU's is 450 million, etc. These numbers ensure that rare events will occur in these places regularly and perhaps even daily; accordingly, given the media's propensity to cover such events, the wildly improbable seems not just likely but inevitable. "Remove all professional restraints," says Gardner (p. 160), "and you get the freak show that has taken over much of the media."¹⁹

Emoting Also Means Ignoring Significant Risks

Politicians, media and the public often make mountains out of low-risk mole-hills. Sometimes they also ignore significant risks. Consider radon and cold snaps. Radon is a radioactive gas that [can cause lung cancer](#) if it accumulates indoors at high concentrations – which it does in some regions. Next only to tobacco, it's the biggest cause of lung cancer. It's [associated with the deaths of ca. 40,000 people annually in the EU and U.S.](#) [So is cold weather](#) – or, at any rate, cold snaps contribute to tens of thousands of deaths in Europe and North America each winter. Public health agencies occasionally run awareness campaigns about radon's danger, but journalists and environmentalists seldom show much interest; and the public, it seems, has only the vaguest notion what this stuff is. Why the indifference? Radon occurs naturally in some rocks and soils. The deaths it causes are solitary and quiet, occur singly and take years or even decades to occur. In Paul Slovic's surveys, the same people whose fists and knees shook at the very mention of man-made sources of radiation regard radon – which has killed many more

traumatic injury and death presented by the news is grossly distorted, with too much attention paid to events with high visual intrigue and too little for those that didn't offer striking images."

¹⁹ Sean Collins, a senior producer with National Public Radio, rejects the criticism. "Human beings have an innate desire to tell and be told dramatic stories ... I am at a loss to name a single operatic work that treats coronary artery disease as its subject but can name several where murder, incest and assassination play a key part in the story" (Gardner, p. 173) So journalism is opera? No, Collins says, good journalism is good storytelling. If that's his position, it rests upon very weak foundations. It may well be true that people's brains have been hardwired to hear and tell stories. Moreover, good yarns are certainly entertaining. And at their best, opera, literature – and journalism – use compelling stories to reveal and clarify great truths. Yet stories which rest upon false premises are a lousy tool for understanding the world. Collins disagrees. It is absurd, he says, that the news "should parallel morbidity and mortality statistics. Sometimes we have to tell stories that resonate some place other than the ... spreadsheet." But at the cost of grossly misleading the public about risk? Of creating unwarranted fear and complacency?

people than nuclear waste ever could – as an insignificant risk. In this instance, at least, nature kills but it's blameless. Nobody takes to the streets in order to protest cold weather or volcanic eruptions, and nobody writes letters to the editor in order to denounce cyclones or heat waves (unless, of course, they assert that they're man-made!).

Histrionics Entail Blindness to Probabilities – and Costs

For most people most of the time, soft feelings trump hard numbers. Politicians and journalists are people; hence they, too, can easily become – [to use a phrase coined by Cass Sunstein](#) – “probability blind.” Strong feelings simply swamp valid and reliable numbers. Paul Slovic asked survey respondents if they agreed or disagreed with the proposition that a 1-in-10 million lifetime risk of getting cancer from exposure to a chemical was too small to worry about. That's an incredibly tiny danger – much less than the risk of being killed by lightning and countless other risks people rightly ignore. Still, one-third of respondents disagreed: they *would* worry. That's probability blindness. It's dangerous because it can easily induce people to jump at shadows, overreact to miniscule risks and thereby do risky things like abandon air travel because terrorists hijacked four aeroplanes, start ruinous wars, etc.

Peoples' emotions and gut reactions don't merely vastly exaggerate what are actually microscopic odds: they also ignore astronomical costs. “It's worth it if even one life is saved!” is something that smug and innumerate people often assert with respect to some action taken purportedly in order to reduce a given risk (and which tends to benefit its self-satisfied and self-interested proponents). Perhaps it's sometimes true, but most of the time it clearly isn't. If, for example, the “worthwhile” action costs \$100 million and saves one life, it's almost certainly not “worth it” because there are surely other ways to spend \$100 million that would certainly save many more than one life. Alas, the public often demands that politicians “tackle” a risk without giving the slightest consideration to the cost – or even the possibility – of mitigation. When circumstances force them to confront those costs, however, they can suddenly change their minds.²⁰

²⁰ Howard Margolis cites the [case of asbestos in New York City's public schools in 1993](#). The School Board delayed the start of the school year because assessment of the danger that asbestos posed to several schools dragged into September. At first, parents overwhelmingly supported this work. Specialists said that the actual risk to any child from asbestos was tiny, especially compared to the myriad other problems poor kids in NYC faced, and the cost of removal would be enormous. Much better, then, to let sleeping dogs lie. But the risk and cost, whatever they were, didn't matter: even minimal risk was unacceptably high – and no cost was too great. “Don't tell us to calm down!” one parent shouted at a public meeting. “The health of our children is at stake!” But then parents experienced a crisis of another kind: who was going to mind their kids? For parents of modest means,

Journalists and Politicians Give Many People What They Want – Good and Hard

Homo sapiens, in short, is a sucker for scaremongers. Consider the tale spun by the George W. Bush administration – which it apparently believed – in order to justify the invasion of Iraq. Expressed charitably, it was indeed *possible* that Saddam Hussein was seeking to obtain the materials required to build nuclear weapons. And it was possible, if he possessed these materials, that he would try to start a nuclear weapons program. It was possible, if he commenced such a program, that it would produce weapons. It was possible, if Saddam's henchmen produced such weapons, that he might give them to terrorists. It was possible, if terrorists possessed such weapons, that they might try to detonate one in an American city – and if they tried, they might succeed.

Each of the links of this chain was possible, but the probability of any one link was low (several of them were very low) – and it presupposed the occurrence of each of the preceding links. *As a result, the probability that Saddam's desire to obtain nuclear weapons would lead to an attack on an American city was microscopically small.* But that's not how "leaders" analysed the situation. They started at the end – the nightmare of an American city reduced to radioactive rubble, scores or hundreds of thousands of dead, hundreds of thousands more burnt and sick – and let their fear run amok. And that emotion overwhelmed any rational assessment of the likelihood that such an event would occur – particularly when it was described in vivid language like the oft-repeated line "[we don't want the smoking gun to be a mushroom cloud.](#)" And with some honourable exceptions, journalists swallowed this tosh so avidly that they hardly chewed it.

Most journalism, then, is emotive drivel; equally clearly, some of it is good – and representative, valid and reliable data underpins it. The trouble is that readers and viewers often misunderstand or misinterpret (egged by polities and journos!) it. *Humans' innate skill with numbers isn't much better than dolphins' and rats'.* "We are systematically slower to compute, say, 4+5 than 2+3," writes Stanislas Dehaene, a neuroscientist at Collège de France; and just as animals must think to discriminate between close quantities such as 7 and 8, "[it takes us longer to decide that 9 is larger than 8 than to make the same decision for 9 versus 2.](#)" Most people, of course, possess the capacity to advance well beyond rudimentary numeracy. Yet few take the time and trouble; as a result, "[sadly, innumeracy may be our normal human condition, and it takes considerable effort to become numerate.](#)" Journalists and politicians know little, but they do know that for their purposes – stoking the engine of fear – numeracy is worse than irrelevant: because it doesn't impart the ability to emote and feel, it's a hindrance. Similarly, charities learnt

which comprised most of NYC's parents, the sudden need for childcare was a serious burden. "Within three weeks," Margolis writes, "popular sentiment was overwhelmingly reversed."

long ago that abstract references to large numbers of people in need are ineffective or even harmful; what works is a gut-wrenching image of a single child. “The death of one man is a tragedy,” [allegedly remarked](#) that “leading expert” on mass murder, Joseph Stalin, “the deaths of millions a statistic.”

Conclusion: Independent Thinking Is Sedition in a World Gone Mad

It’s a well-worn yarn: a couple of newlyweds visit Ireland, and during the first few days all goes well. But the husband is both ignorant and proud; as a result, lacking local knowledge and the good sense to acquire it, after a few days he takes a few wrong turns. Unwilling to consult locals, who possess the knowledge he lacks, the couple drive aimlessly through the countryside. Finally, hopelessly lost in the middle of who-knows-where, the husband relents to his insistent wife: he spots a local farmer and asks “how do I get to Dublin?” The farmer considers the question carefully and then drawls: “well, if I were you I wouldn’t be starting from here.”

Flaws of character beget poor decisions; and series of poor choices eventually create overwhelming difficulties. Many individuals and households, and all governments in countries like Australia, Britain, Canada, the U.S., etc., now find themselves in this situation – but they deny their past mistakes, and their denial worsens their present predicament. Many of the ruled are fat; their rulers are thick; all lack prudence. Growing numbers in Western countries have drunk and eaten far too much of the wrong things and way too little of the right things, taken insufficient exercise, relied upon short-term fixes (drugs) and refused to countenance long-term treatments – i.e., change their harmful lifestyles. Hence a health crisis, in the form of epidemics of diabetes, drug addiction, obesity, suicide, etc., now pervades these countries. The crisis predates COVID-19: today’s pandemic perhaps reflects but certainly hasn’t caused the pre-existing condition.

At the same time, and as I detail in [The Bourgeois Manifesto](#), for decades most people have demanded everything *now* – and thus spent far too much, saved little and invested poorly. The middle class has relied upon rising borrowings to maintain its standard of living, and up to half the population depends upon the government’s handouts. As a result, and unlike their forebears, few can now act or think independently of their rulers – who have spent wildly, taxed excessively and “invested” atrociously. Politicians’ promises have become ever more irresponsible, and since the GFC they’ve relied upon central banks to “monetise” them. Central banks, in turn, have for decades suppressed rates of interest; as a result, they’ve distorted the truth about time – and recklessly inflated “bubbles” of asset prices, government finances, etc. *Individuals’ indiscipline, politicians’ profligacy and central bankers’ artificial rates of interest cannot underwrite genuine prosperity; more spending and cheaper borrowing cannot solve problems caused by overspending and*

excessive debt. The latest disastrous decisions – politicians’ panicked shutdowns of economy and lockdowns of society – are symptoms but not causes of this crisis. During the GFC, governments and their lackeys insisted that “stimulus” would rescue the economy and save companies from bankruptcy and individuals from penury; today they’re peddling the same nonsense. Fiscal and monetary intervention gives a brief and superficial appearance of relief. It redistributes income and wealth from the benighted to the anointed; it also sacrifices outsiders’ future on the altar of insiders’ indulgences. *Hence the government’s intervention cannot mitigate the government-induced downturn. Quite the contrary: it will exacerbate it.* As the GFC demonstrated and the GVC has reiterated, “stimulus” isn’t a temporary measure: it’s a permanent lie.

What’s so special about COVID-19? In 1957-1958 and 1968-1969, [the U.S. Government didn’t panic, impose indiscriminate house arrest or shutter the economy](#). Adjusted for that country’s current population (but not for its much older average age), 1957’s pandemic killed 230,000 Americans; 1968’s took the equivalent of 165,000 lives. As of 1 June 2020, coronavirus felled almost 110,000. As in the U.S., so too in Australia: today’s hysterical over-reaction reveals the extent to which both rulers and ruled have repudiated reason – and their forebears’ stoicism. Rulers and ruled alike are much more anxious and self-righteous, but have considerably less to boast. Yet on 29 and 30 April, full-page advertisements in *The Australian* mimicked Donald Trump’s triumphalism:

The government has done a great job in protecting and defending the Australian people in this time of national crisis. In particular, the Prime Minister has shown the calm leadership necessary to guide the nation in troubled times. The Health Minister ... [has] shown exceptional courage and dedication and his performance ... was just what any doctor would have ordered.

That’s ludicrous. [In truth, the more localised and voluntary is the quarantine – and the freer the economy – the better](#). Daniel Andrews, Chairman of the Central Committee of the People’s Republic of Victoria, is perhaps the worst offender. Ignoring logic, evidence and common sense, he asserted that because of COVID-19 golf has become lethal:

“No one likes playing golf more than I do, no one. You don’t need to play golf. You might want to play golf, but you don’t need to play golf,” [Mr Andrews said in March](#). “I know I’m asking a lot of Victorians. I’m asking them to not partake in the things that they are passionate about, the things that they love. Everyone has got loved ones, too, and we’ve got to protect them. And no round of golf is worth someone dying.”

Politics isn’t salvation and politicians aren’t saviours. Australia’s politics are multi-party. Some parties, such as the Liberal-National coalition, are stupid; others, particular-

ly the ALP and Greens, are evil; regularly – and especially when they succumb to hysteria – they conspire to do things that are both stupid and evil. This they call “bipartisanship.” As befits a democracy, in one key respect learned ignoramus resemble most of whom they rule: as I detailed in [The Bourgeois Manifesto](#), their [time preference](#) is very high; hence they obsess about today and discount or ignore today’s choices’ long-term costs. Their frantic reaction to COVID-19 might achieve, at least partly, its short-term objective – that is, mitigate some current distress. But it’s much more likely that its long-term consequences will be dire. Economically and medically, shuttering large swathes of the economy and imposing lockdowns equivalent to home detention upon society will create wounds that could take years to heal; and these injuries will form scars that might need a generation to fade. As it was in the wake of the attacks on 11 September 2001, so it is today: insiders’ ignorance and misrepresentation of risk produce colossal short-term overreactions and staggeringly costly long-term consequences.

Coronavirus shouldn’t unduly concern most people. But that’s no reason for complacency: given a proper assessment of the risks that they do face, and a proper respect for the genuine achievements of science worthy of the name, there’s much that individuals and families can and should be doing. Like much else, health is a matter of intelligent personal initiative – not of stupid governments’ edicts. *Most notably, much of the type II diabetes, cancers, heart disease and hypertension – which collectively are by far the biggest killers of people in Australasia, North America and Western Europe – could be prevented not with extensive resort to expensive drugs and other treatments, but through lifestyle changes ranging from exercise to diet, weight control and refraining from smoking.*

Alas, today’s zeitgeist abhors mental and physical discipline, especially if it separates exertions and rewards with long intervals of time. Few people are prepared to think: they prefer to believe what others tell them – and complain when they receive poor advice. As [Daniel Kahneman](#) allegedly said, “people are not accustomed to thinking hard ...” [Bertrand Russell went further](#): “most people would sooner die than think; in fact, they do.” The frenzied over-reaction to COVID-19 is but the latest example. It also reconfirms what we already knew: rulers disdain outsiders. Why, then, should outsiders entrust their lives and livelihoods to insiders? How do we insulate ourselves against their costly and crazy decrees? Stay healthy, remain economically and financially independent, think rigorously, take our own counsel and trust our own judgement.

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