

SUICIDES IN MELBOURNE

(From The Fact-Free Covid Dystopia | Mises Institute)

Well, another terrifying statistic came out recently, showing the grim if entirely predictable effects all this inhuman regimentation has been having on the young, particularly those between 18 and 24. Now, the federal government has a Substance Abuse and Mental Health Services Administration. And they, among other things, look at percentages of people who have considered suicide within the previous twelve months. Now typically, before all these lockdowns occurred, in the 18–25 group, it fluctuates between just under 7 percent and 11 percent of those people have contemplated suicide in the previous 12 months. What we now know is that just in June—not twelve months, just one month—it’s now over 25 percent of them have contemplated suicide in just one month. Now why is that? We’ve taken away everything they love, deprived them of the opportunity to socialize and to experience those irreplaceable moments of youth and demanded they accept this dystopia as the new normal and tell them there’s something wrong with them if they long for normal human life, the kind that is lived by humans. Yeah, that’s selfish, that right there. That’s selfish.

<https://mises.org/library/fact-free-covid-dystopia>

The Fact-Free Covid Dystopia

[From the [2020 Supporters Summit](#), presented at the historic Jekyll Island Club Resort on Jekyll Island, Georgia, on October 9, 2020.]

Today I’m going to talk to you about what’s been going on in our country for over half a year now, not just in the United States, but around the world. Some of this we all know, but we’ve been getting, let’s say, not the entire story for much of the time and we’ve had to wait to hear additional experts chime in to say, Wait a minute, maybe the first experts were all wrong. It’s been hard to know exactly what to think and what numbers we ought to be looking at when it comes to this covid-19. Should we be looking at cases, should we be looking at percent positive rates, hospitalizations, deaths? All kinds of numbers have been thrown at us, some with context, some without. So, I’m going to spend a little time reviewing this and making a bit of a clarion call to enjoy human life the way it’s meant to be enjoyed. Now since March, we’ve experienced lockdowns and restrictions of various kinds, supposedly all in the name of science, you understand. If you don’t support these things, you must hate science. That’s the intellectual level of the conversation. We were told, We need fifteen days to flatten the curve—fifteen days. I believe we’re on day number 209 of fifteen days to flatten the curve. Remember the old days when the concern was, We don’t want to overwhelm the hospitals? We can’t cure this thing, but at least we could get the hospitals in the condition they need to be in and allow them to be able to cope with reasonable numbers of people, and we would flatten out the number of hospitalizations and deaths over time, so as to allow the hospitals to be able to cope with them rather than have everybody arriving at the hospital all at once.

OK. Then, you start to see on social media all your friends saying the hospitals are overwhelmed. It was like a memo had gone out that the word we were all going to use was “overwhelmed.” Like your friends couldn’t even be creative enough to come up with a different word; they all had the same word: the hospitals are overwhelmed. Because their other friend said the hospitals are overwhelmed, because the other friend said that. What actually happened was that in April alone, 1.4 million jobs in healthcare were lost, because far from being overwhelmed, the hospitals were mostly empty. As a matter of fact, in May, NPR ran a story with this headline about all those field

hospitals that they built because of all the overflow that was supposedly going to happen. Headline: “US Field Hospitals Stand Down, Most without Treating Any COVID-19 Patients.”

Hmm, what was going on here? The hospitals were never overwhelmed at any time, with the possible brief exception of New York City. In California, we began to see how the goalposts began to be changed. What they were worried about at the time they were telling us about flattening the curve was thirty thousand hospitalizations. We really have to be careful about hitting that number. The current hospitalization number in California as of this time—we’re in October 2020—is just over three thousand and they’re still so panicked that they won’t open anything. They’ll open a little tiny thing and you have to put your mask on in between bites while you’re eating at a restaurant. So, it’s one-tenth what they feared. There’s state after state after state. Washington, DC, not a state, but nevertheless, Washington, DC, that’s an example of one of many places in the US where the numbers all indicate, have indicated for months, that the state is *clearly* at the phase justifying reopening. The numbers clearly indicate, from what they said at the beginning—we need to reach such and such—well, they’ve reached it, and now they keep changing it.

Now it’s not hospitalizations anymore, now it’s “cases” and as we’ll talk about, the way that testing is being done even the *New York Times* had to say Maybe your coronavirus test shouldn’t have been positive. Even the *New York Times* was reduced to admitting this—that as many as *90 percent* of the tests, because the testing is so sensitive, are yielding just viral debris that isn’t infectious at all. But you’ve got to go and isolate yourself for X number of days for no reason. And we’re going to use *this* number, and we’re going to wait till this number hits zero, which even just given the problem of false positives is impossible. So, you can’t have your life back in some states unless you more or less take it back. That’s what they’ve done to us. Also, in Washington, DC, the public schools have been closed, but they put a cap of eleven students per room on private schools, no matter how big the room is. That basically cripples the private schools, for no reason. There’s no scientific basis for that.

Then it became You can have your life back once there’s a vaccine. What? There might never be a vaccine. As Martin Kulldorff of Harvard Medical School puts it, “The timeline for a vaccine is anywhere between 6 months from now and never.” So, at some point, we have to figure out how to live with this kind of situation. Well then, when it started to look like maybe we might get a vaccine, then the story became Even with a vaccine, you can’t have your life back. And if you object to that, you’re the problem. You’re not listening to the science. Everything that brought people joy was abruptly taken away and every time it looked like it might creep back in, you get another headline about how you can’t have this back, you can’t have that back, this’ll never be the same, maybe we’ll never have sports again, maybe we’ll never do...And it’s almost like they take a perverse delight in this. Well, if ever there were a use of the expression “get bent,” I would say it’s right about now.

Now, of course people will say, Wait a minute, what, do you just want people to die? Again, this is the intellectual level of the conversation. You just want people do die. How do you talk to somebody like that? So, in order to do that, I’m going to appeal to the above midwit-level population and I’m going to remind people of the important lesson in Henry Hazlitt’s great book *Economics in One Lesson*. This is a book that’s sold millions of copies and Hazlitt’s one lesson, as we all know in this room, is that if you’re going to evaluate an economic policy, it’s not enough to evaluate the short-term consequences for one earmarked group. Any blockhead can do that. If you want to know the long-term consequences or the real consequence of it, you look at the long-term effects on everybody, not the short-term effects on an earmarked group.

For example, suppose the government taxes the public to build a stadium. Well, the midwit will simply point to the stadium and say, “Hey, look at this wonderful thing that the government did. It’s

a stadium.” And yes, we can all see with our physical eyes that there’s a stadium there, but they think that’s the entirety of the analysis: a stadium has somehow appeared. There’s no thought of costs, opportunity costs, where the money came from, where it would have gone otherwise—none of that is even considered, because those things can’t be seen with your physical eyes. To understand the fullness of the policy, you have to be able to think and see with your mind’s eye.

Likewise, with rent control people think, You impose rent control and people get lower rents, and that’s the entirety of the analysis as far as they’re concerned. There’s nothing further we need to consider. We just take these fat cats and just force them to lower rents, and then everybody gets lower rent and that’s, as far as the midwit is concerned, that’s the end of the discussion, because that’s what he sees with his physical eyes. But, for people capable of seeing with their mind’s eye, they ask other questions like, How many people are going to start building low-cost rental housing if they know that this ceiling has been imposed? There will obviously be far less housing built, which will make the problem of housing people worse. We also know that at these particular rates, you have a million people and surfeit of demand, so if you’re a landlord, you can be a jerk, you don’t have to fix that leaky pipe, you don’t have to do any maintenance, because if somebody’s upset about it, you got 8 million other people who would be very happy to take that person’s place.

So, in other words, if you see with your mind’s eye, you understand that rent control is a lot more complicated than just Duh, we forced them to lower the rent and it’s low for everybody. And in fact, if, for some reason, you wanted to lower rents through the means of government impositions, you would actually want to do the exact opposite of rent control. You would want to control every single price in the entire economy except rents, because that would make entrepreneurs not want to go into the production of anything other than rental property because everything else would be unprofitable. The one thing they could produce would be rental property, which would lead to a collapse in rental prices, which would be great for everybody. So, literally the opposite of what these people recommend would be the best thing. But the point is, we have to think about all the consequences for everybody.

Well, the same thing goes for public health, because my talk could be called “Public Health in One Lesson.” Because yes, if you simply focus monomaniacally on one virus, you might be able to say, Look at what we did for this one virus. You might be able to say that. I’m not even sure they can say that, but they might be able to say, Look what we’ve done for people with this one virus, and then, being midwits, they leave the discussion right there. They don’t bother to investigate the seventeen other aspects of health that have catastrophically collapsed because of that one thing they did. All they say is, look at what they did in the short run for this targeted group instead of saying, Look at the long-run consequences for everybody. And because they don’t look at that, it’s not even mentioned.

When was the last time Dr. Fauci, who is viewed superstitiously by everybody, even acknowledged that there are collateral damages from lockdowns, even mentioned them? Nothing. And so they’re, therefore, able to turn around and say, You just want people to die. Okay, well, let’s play that game. They want to play it, let’s play it. How about this? We know, for example, coming out of the UK, that there will be more likely to be at least as many, if not more, preventable cancer deaths than covid deaths because of the diversion of resources into covid and the panicking of everybody about it. And so we read Richard Sullivan, professor of cancer and global health at King’s College London, director of its Institute for Cancer Policy, saying “The number of deaths due to the disruption of cancer services is likely to outweigh the number of deaths from the coronavirus itself. The cessation and delay of cancer care will cause considerable avoidable suffering. Cancer screening services have stopped, which means we will miss our chance to catch many cancers when they are treatable and

curable, such as cervical, bowel and breast. When we do restart normal service delivery after the lockdown is lifted, the backlog of cases will be a huge challenge to the healthcare system.”

We read on October 6 in the *Daily Mail* coming out of the UK, that health secretary Matt Hancock says, “Cancer patients may only be guaranteed treatment if COVID-19 stays under control.” How about that? This is the *Daily Mail*, which is much more honest than the American press. “Almost two and a half million people missed out on cancer screening, referrals or treatment at the height of lockdown—even though the NHS was never overwhelmed.” They had the honesty in the UK to say that. “Experts now fear the number of people dying as a result of delays triggered by the treatment of coronavirus patients could even end up being responsible for as many deaths as the pandemic itself.” Now, we won’t see that kind of effect right away. It’s not like a huge number of cancer patients are going to die immediately in 2020, but it does mean that people who might have lived an extra fifteen to twenty years, may live just another three or four, and we’ll see those numbers in the coming years.

Then we heard a United Nations report in April saying that “economic hardship generated by the radical interruptions of commerce could result in hundreds of thousands of additional child deaths in 2020.” UNICEF later increased that number to 1.2 million child deaths, and at Oxford University Professor Sunetra Gupta has reminded us several times, in recent weeks and months, of the UN’s prediction that as many as 130 million people could be at risk of starvation because of the lockdown, because of the possibility of famine in several dozen places around the world. Now who are the ones who don’t care about human life?

But, that’s not all, because in the United States in Oakland, California, we have Benjamin Miller of the Well Being Trust who tells us, as coauthor of a study on deaths of despair—so that’s drug or alcohol abuse or suicide—that an excess—that is to say, above what would normally occur—of 75,000 deaths will occur as a result of all this. Not to mention the CDC itself estimates that in the United States alone, there will be more than 93,000 excess noncovid deaths this year because of what’s been going on, including over 42,000 from cardiovascular conditions, over 10,000 from diabetes, and 3,600 from cancer. A recent UK study just out found that the risk of death was increased because of lockdowns by 53 percent among seniors with dementia and another 123 percent among seniors with severe mental illness. For four decades, India Nobel Peace laureate Kailash Satyarthi rescued thousands of children from slavery and human trafficking and he fears that that’s going to be reversed. He says the biggest threat is that millions of children may fall back into slavery, trafficking, child labor, child marriage. Well, with millions of families being pushed into poverty, they’re being pressured to do something, to put their children to work to make ends meet. So this is being done.

They’re trying these lockdowns even in the developing world, where people live hand to mouth. When you live hand to mouth, it means that every day you earn enough money to feed yourself for that day, and they’re being told to stay home for weeks and months. I think we see where this is going. Now, the people of Malawi, one of the poorest countries in the world, when they got wind of their government’s lockdown plans, they rose up and said, We’re not abiding by this. There will be no lockdown. And so there wasn’t. We could learn from them.

Even *The Atlantic* had to admit, “When you ask them to stay home, in many cases, you’re asking them to starve.” In the UK, *The Telegraph* says, “The absurd demand that developing countries adopt economically disastrous lockdowns is driving untold misery.” How often is that mentioned in the US? Ever? Any of our people ever mention that? No, it’s You want to kill people, because you want to live your life. Or because you don’t want two years of your kids’ lives taken away from them.

Because now we're being told, Maybe you can have your life back in the spring of 2022. Not fifteen days to flatten the curve, probably spring of 2022 you can start getting back all these pleasurable things that make life worth living. Okay. So, it seems to me that the crazies who think that public health should mean a monomaniacal fixation on one virus and then pretending that none of the other stuff is happening should have to answer for this a little bit more.

Now, some of this stuff that I'm talking about now appears in—wait for it—the free e-book I wrote on this subject: *Your Facebook Friends Are Wrong about the Lockdown*. They're even wronger than you thought—wrong as wrong can be if you value human life and flourishing. So, in the United States, you can get this free book by just texting the word *lockdown* to the number 33444, and you'll like it because it smashes these SOBs completely. Or you can get it at wrongaboutlockdown.com. Yes, I bought that domain, I was so happy to nab that one.

Not to mention that of course over the course of this people's life savings have been depleted, their livelihoods have been destroyed and things that give their lives meaning and fulfillment abruptly removed. So, we're supposed to believe that all that matters is just biological existence. And this prompts some interesting philosophical questions. If I could live to be 120 and enjoy robust health for all those years, but the price was we would destroy all the architectural treasures of Europe, we would abolish music altogether, and we would restrict social life to 5 percent of its formal level, would I choose that? Who would? Human happiness is not some optional extra. These things, like close, intimate relationships or so-called large gatherings, like concerts, theater, lectures, church, sporting events, the arts in general—if you think these are merely dispensable adjuncts to human life and flourishing, you have no business being in charge of anything. These are life itself, and as I've said in a previous talk, for anybody who performs in front of an audience—and particularly think about your children, dancers, musicians, athletes, magicians, comedians, singers, actors, whatever—they're basically being told, Maybe you can never have this. Maybe you can never ever do what brings your soul happiness. And yeah, maybe we can't have these until we have a vaccine, said Dr. Zeke Emanuel. "We may have to give up cherished things for a long time," he says—things like schooling and income and contact with our friends and extended family for at least eighteen months. Maybe this talk could also be called "Get Bent."

Well, another terrifying statistic came out recently, showing the grim if entirely predictable effects all this inhuman regimentation has been having on the young, particularly those between 18 and 24. Now, the federal government has a Substance Abuse and Mental Health Services Administration. And they, among other things, look at percentages of people who have considered suicide within the previous twelve months. Now typically, before all these lockdowns occurred, in the 18–25 group, it fluctuates between just under 7 percent and 11 percent of those people have contemplated suicide in the previous 12 months. What we now know is that just in June—not twelve months, just one month—it's now over 25 percent of them have contemplated suicide in just one month. Now why is that? We've taken away everything they love, deprived them of the opportunity to socialize and to experience those irreplaceable moments of youth and demanded they accept this dystopia as the new normal and tell them there's something wrong with them if they long for normal human life, the kind that is lived by humans. Yeah, that's selfish, that right there. That's selfish.

One of my friends has a friend in Melbourne, Australia, which is under a severe lockdown. Here's what this friend wrote:

It's been three months since I saw another human face besides [my partner's].

Seven months since [my partner] and I had a little break together in the form of going and having a coffee down the street.

Over a year since I last sat out in nature. Sitting staring at the wall for two hours, again, unable to move.

Despair

Horrible negative emotions virtually all day.

Awake and tired nights, distress.

I can't think of anything to look forward to because I don't know when we will be allowed to do anything.

Just go for a drive, go to the forest.

Just go somewhere together, far from all this.

We are not allowed.

The police could enter our homes at any point and arrest us if we say the "wrong" thing online. That has happened.

This doesn't feel human.

I don't smile.

I don't laugh.

I worked out the other day and I felt nothing, no pain.

Nothing would register as pain.

I couldn't feel anything.

I feel far away from myself.

Sometimes I forget how long the day has been going for.

Does it matter?

You're not allowed to leave, even if family members are terminally ill. They could die before we are let out of Melbourne. We got told it isn't a good enough reason to be let out.

You aren't allowed more than five kilometers from your house.

You aren't allowed to buy a takeaway coffee and sit under a tree or on the ground anywhere that isn't your house.

This isn't human.

This isn't human.

This isn't human.

This isn't human.

There is no empathy here.

No price is too high.

Suicide is not too great a price to pay.

Self-harm is not too great a price to pay.

Structural brain changes in large portions of the population is not too high a price to pay.

Do you know what prolonged social isolation does to the brain?

We are made to feel it does not matter because all we are, are numbers.

We are not people; we are the masses without a say

Without a time period to look forward to when we can hug again

I am sharing my experience because you should know the truth.

Sincerely,

A faceless number in Melbourne.

And we're the ones who don't care about human lives. Screw these bastards.

Over at Stanford, Dr. Jay Bhattacharya put it this way. "To get zero COVID, I don't know if it's even technically feasible." We know that we're going to have to destroy our society in order to get it. Essentially, it's so high a cost that it's not worth it. Oh, we're just doing it until there's a vaccine. But, in just half a year of doing it, the consequences have been, to quote Dr. Bhattacharya again, "catastrophic." Sunetra Gupta, of Oxford, whom I mentioned before, who has been called the world's preeminent infectious disease epidemiologist, says, "It's a good thing for young and healthy people to be exposed." She says, "This is how we have always managed viruses. Why is this so different? If we keep introducing restrictions and lockdowns while we wait for a vaccine, it will be the young that suffer the most, particularly those from more deprived backgrounds. We can't keep doing this. It would be an injustice." One Yale professor came back with, "Well, no serious scientist is calling for lockdowns everywhere all the time." Some of them are, so that's not even true. Some of them are. But all these other scientists want are just sudden lockdowns here, there, and everywhere, then partial resummptions, then lockdowns, all the while with the arts completely shut down. Oh yeah, that's a whole lot different. We cannot run a society like this. And without the arts, as Professor Gupta put it, "What are we alive for in the first place?" What kind of a life does this portend? Everything that makes life worth living.

Now, we hear this a lot. If you knew someone who died of it, maybe you'd take this virus seriously. Well, how about this? I'll take the virus seriously, whatever that means, if you take seriously or even mention even once, the seventeen areas of noncovid life, where your supposedly anticovid strategy has left wreckage everywhere. How about that? Is that a deal? Or how about this one? All the people who have died from covid, all those people had families and we should honor them, respect it. Of course no one's denying that. But, how about the 1.4 million people who according to the *New York Times* will die of tuberculosis because of the lockdown, over and above the number of tuberculosis deaths we would have had otherwise? Do those people have families? We don't have to think about that because they don't exist, because don't forget, public health just means the monomaniacal fixation on one virus. Tuberculosis, sorry. Didn't make the cut. Those people's families don't matter; they're not even going to be mentioned. How about the extra 385,000 malaria deaths, the extra half a million HIV deaths? Do those people have families? Can we not be narcissists for five seconds and consider that maybe other people matter too, not just your friends, but other

people and their friends? How about that for a change? A hundred and thirty million people at risk of starvation from the lockdowns and we're even having this debate anymore?

But Woods, you'll say, you've got to listen to the science. "Listen to the science" has become the rallying cry of the most irrational, anecdote-driven, fact-free believers in voodoo I have encountered in my lifetime.

I had Martin Kulldorff on my podcast, the *Tom Woods Show*. I actually bought the domain Tomspodcast.com, get there very easily. He is an infectious disease epidemiologist at Harvard Medical School and he told me that it may be that a lot of scientists think lockdowns are the way to go. He said, But I basically talk to infectious disease epidemiologists and among that group, from what I would see, a majority of us are against the lockdowns, have been from the beginning, and we favor a totally different strategy of what we call focused protection of vulnerable groups. But yeah, the infectious disease epidemiologists, he said, we're not calling for lockdowns.

Huh, isn't that funny. We don't really hear from these people very much, do we? By some odd coincidence, we don't hear from them.

Can you believe the people who shout at you for jogging without a mask or who hurriedly cross the street when they see you so that they can maintain social distance? You don't get covid by a chance passing on the street. Those people don't get to lecture you about science. If they themselves were less ignorant of the science, they'd be embarrassed by their irrational behavior.

The "listen to the science" people warned us about opening schools. The results have been fine. Even *The Atlantic* just ran an article, like within the past twenty-four hours, saying, Hmm, the crazy warnings over the summer seem to have been overblown. Well, there's an understatement. At the universities, we've had so far seventy thousand so-called cases, three hospitalizations and zero deaths.

Then there's the general craziness. In the county where the city of Gainesville, Florida, is, they established a one-person-per-one-thousand-square-foot rule for private businesses. And at a meeting the county commission chair was asked to justify this. Now, did he justify this on the basis of Well, science tells us that...You already know the answer. This is all voodoo. None of it has to do with science. His answer was, Well we put that in there "because it's easy math for everybody to do."

If I were one of these "listen to the science" people, I would be mortified right now. I mean, I feel like I am listening to the actual science—not the voodoo practitioners, but the actual science. Lockdowns aren't science, by the way. There's no book that they're following that tells them lockdowns are the way to go. So, when we get told, Well the reason that lockdowns didn't work is that you didn't do it right—this is based on literally nothing.

And I asked, again, Professor Kulldorff about this. He said, there's essentially no chance of eradicating a virus in this way. What you can do is cause a huge number of ancillary problems that will be worse, but you won't eradicate it. Now they can get away with that because we just don't mention those ancillary problems. We shouldn't even call them ancillary. If I show you charts of different American states or different countries, and we look at cases or deaths or whatever, you will not be able to tell me which ones locked down, when they locked down, how hard they locked down, when they lifted the lockdown, whether they had a mask mandate, when they imposed the mask mandate, and when and if they lifted the mask mandate. You have absolutely no way of knowing that. Now, if these things were as powerful as we're told, there darn well better be some

clear and obvious way of distinguishing one jurisdiction from another, and there is not. Therefore, it is voodoo. And I think the more we use the word “voodoo,” the better.

I have an article linked on a special page I put together that goes through and justifies this and looks and says, Look, obviously the lockdowns do not solve the problem. So, you can find that on my website, TomWoods.com/covid and you'll find some other very interesting things there as well, but in the interest of time, I'll refer you to that there. Same with mask mandates. Is it possible that certain types of masks in certain types of situations when worn correctly could have some minor effect? Sure it is. But the religious fervor behind masks, which clearly cannot be justified, because we're being told if we had worn masks sooner or if we just wear masks for six weeks this will all stop or whatever. Again, go to TomWoods.com/covid, I've got the charts up there, for place after place after place after place and on. In each chart, it's indicated exactly when the mask mandate went into effect, and you ask yourself: If I hadn't told you where on that chart the mask mandate had gone into effect, would you have been able to tell? Would you have had any idea? So, if they're that effective, they're so effective that the director of the CDC says they're better than a vaccine, you would think we'd be able to see it on the charts. Can't see it at all, nothing. Oh, it would be worse if we didn't...Come on. We should see something. Nothing.

There's a guy on Twitter, Eric Topol, who is one of the big the-world-is-ending apocalyptic people on the virus, and he told us the reason Japan did well is their government shipped masks to the people. Okay. If you needed any more evidence this guy's a BS artist, there you go. Because number one, yeah, they sent enough masks to last people one day. Secondly, the masks were all the wrong size. It's the government, after all. They're all child sized; nobody can fit them. So, everybody in Japan laughed and joked about these masks and nobody wore them, but this know-nothing idiot is on Twitter lecturing us about this. He doesn't know a thing. Again, look at the charts for the Philippines, the most mask compliant country in the world. Hawaii doesn't have a neighbor for two thousand miles and they wore masks religiously. Didn't do a thing, in terms of cases.

What exactly would the graphs have to look like in order for the lockdowners to say, Maybe none of this does any good. What would they have to look like? I think they'd have to look exactly the way they look now. Meanwhile, in the Sunbelt (I live in Florida), the spike there fizzled out on its own, everywhere, despite different policies. We were told, I saw on Twitter, we were going to have half a million deaths, we're going to have dozens of New Yorks if they don't lock down. We didn't lock down; we didn't come anywhere near that. In Florida, the only thing that happened in some places was that some bars closed, but what really happened was the bars pretended to be restaurants and they kept going and that was it. And I guess the virus was tricked by the bars pretending to be restaurants. What kind of BS is this? California, where they had this massive lockdown, their curve looks exactly like Florida's.

And a friend told me [that] at his work they're scared of an applicant from Florida and they said, We got to be careful, they do things differently there. Their curves are the same. Paul Krugman, when Governor DeSantis said he was opening up Florida, Paul Krugman said, “Oh, that's very unwise. They're still having over 100 deaths per day in Florida.” No, they're not, you ignorant moron. We're not having a hundred deaths per day. They're reporting a hundred deaths per day. Now, reporting date is very different from actual date of death. So, for example, I just looked at October 1. October 1, there were I guess 130 deaths reported. Sixty-five of them were in September, fifty-four were in August, another eleven were in July. There are no hundred deaths occurring per day, and with hospitalizations plunging, it's not like three months from now when we recount today it will turn out to be a hundred. No. So, he doesn't even know that or maybe he does and he's just being...I don't know.

And now we've learned from the *New York Times*, as I mentioned before, that up to 90 percent of these tests that are coming back positive could be in people who are not contagious and therefore are being ordered to isolate for no reason. Because the PCR tests that they're using are being calibrated in a way that they're super sensitive in the United States. So, in Europe they're using about let's say thirty cycles. In the US, it's thirty-seven to forty. In Arizona, it's forty, at forty they're detecting nothing. That is completely pointless and most of what's going on in Arizona is at forty. So, in Washington, DC, a fellow named Phil Kerpen from American Commitment asked them, What's the cycle threshold that you're using for these tests? And DC Health got back to him. DC Health "does not have information about cycle thresholds." What kind of a joke is that? So, the tests could be completely meaningless and we haven't even looked into it.

Now finally (I am going a little bit over and I hope the Mises people will let me do it, but I'll make it up to you somehow, I promise), an immunologist, like somebody who is an expert on immunology like Dr. Fauci, is not taught how to balance public health concerns. People say, Oh, just listen to the experts, and, You won't listen to the experts. Well, I feel like I am listening to the experts, but there are some questions that no expert can answer or that some experts aren't trained to answer. There's no class that an immunologist takes that teaches, well, if you lock everybody in their houses, there could be other effects of this that...He doesn't learn anything like that. And here's how you balance it: well, if you do this, there'll be this many of that. He doesn't learn anything like that. So, it's just, again, it's rank superstition, like this is some kind of priesthood. It's rank superstition to think that Dr. Fauci could view this so holistically as to have the overall answer.

We have the answer. What is worth doing and what isn't? We could all drive our cars at five miles an hour and save a lot of lives. We don't think that's worth doing. We don't wait for Dr. Fauci to tell us what the speed limit should be. We understand the absurdity of that. And here's what Dr. Bhattacharya said. I love this guy. He's from Stanford. He is the consummate professional. He's not like me, gets really worked up, and that makes him all the more effective, because he's slicing and dicing with his calmly delivered sentences. So, here's what he said about Dr. Fauci, and it's about time this crazy priesthood was taken down a peg: "Dr. Fauci's been involved in infectious disease control for a very long time. He's a preeminent scientist for a good reason; he's an expert. But, in early February, March, we sort of put him on a pedestal, to essentially give his knowledge about a whole range of things, some of which were in his control and knowledge set, some of which were not. And I saw him a few months ago where he very humbly said, 'Look, I'm giving you my expertise as an infectious disease expert on how to manage this disease. I'm not looking at the broader policy context.'"

Exactly my point. Dr. Bhattacharya again: "We think about science as giving us all the answers, but that's a mistake. What science does is tell us if we do A, we might get B. It's up to nonscientists to make a decision. Do we want to get B if we know the costs of getting B are C, D and E? Do we really want zero COVID?" Well again, only a blockhead would think that's a scientific question. That's a philosophical question. And again, this is where he says, "If you get zero COVID, we know that we're going to have to destroy our society in order to get it. We'll have to get rid of all our freedoms, we'll have to make sure that very few people interact with each other. It's so high in cost that it's not worth it. Science can tell us, here's how you can minimize the probability of getting COVID, but it's up to nonscientists to decide whether it's worth it. You can't put one person on a pedestal and ask him to make that decision for society. I love that I live in a democratic society where those kinds of decisions aren't up to experts. It's up to people deciding together through electoral processes what we value." That's Bhattacharya.

So, of course, no expert can tell you if the costs are worth the benefits because no expert can know your value scale. So, when people say we need to listen to the experts as they urge us to dismantle everything that makes a society function and brings people joy, they have no idea what they're talking about. This is a philosophical question, not one that a scientific source would have the standing to answer. Unfortunately, for some people, science is not an ongoing search for the truth and whose findings can help us make good decisions. It's a kind of priesthood, and whatever scientists tell us about anything, no matter how far removed from their areas of expertise, these people will obey, and the dangers of that should be obvious. Not only do we have a priesthood that isn't even thinking about tradeoffs or collateral damage from their covid monomania, but we also have tens of millions of devoted followers who will help enforce whatever lunacy the priesthood proposes. And your hopes, dreams, and livelihood will be placed on that altar, of that you can be sure.

Now, what should have been done instead? Well, here I refer you to Drs. Bhattacharya and Kulldorff and Gupta, who have a recent statement explaining that so-called focused protection makes much more sense and is certainly feasible. That is to say, you give young people their lives back. Have the arts be resumed immediately. And again, Dr. Gupta said, why are we even living? What is the point of living? If living is simply having a pulse, I could do that in a windowless room eating cans of navy beans for seventy-five years. Is that a human life? These are the kinds of questions we need to ask ourselves.

Finally, how about Sweden? You're not supposed to mention Sweden. Now, I could mention Japan; they had one of the highest covid infection rates in the world, the world's oldest population, yet one of the lowest death rates and they did that with very halfhearted measures and no mass testing. So, there are a million explanations. They had to explain this away. But the key example was Sweden. Now what they used to say to us was, You can't use the example of Sweden because Sweden has a high death rate. Sweden had five thousand deaths out of a country of 10 million. About two-thirds to three-quarters of those were in long-term care facilities, and they did a horrendous job there and they admit that. But, look at the rest of them. So, that means that they actually have a very small number in the general society. The question of how did people do in nursing homes when they're completely isolated from society, is now in a way a commentary on how the strategy works for society at large. And now that Sweden's example is looking really good because their curve looks like this. I mean they basically have no...They've resumed normal life. Just look at pictures from Stockholm. It lives right down here. Whereas if you look at Spain, it's like this and France it's like this. Sweden is just like that.

So now we don't mention Sweden and what we say is, Oh, well, the reason Sweden did so well...so now notice it switched. First it was, Sweden, they're dying everywhere. Now it's, The reason Sweden did so well...They can't just stop and say, Maybe I don't have all the answers. The reason they did so well is people voluntarily complied with these measures and they wouldn't do that in the US because you're all a bunch of stupid hicks and whatever. Okay. All you have to do is look at pictures from Stockholm over the summer and you decide if that's true or not, but the key thing is, they never closed schools for ages 1 to 15; they never closed down businesses and they had no mask mandate. How do you account for this? And you don't get an answer. You do not get an answer.

It seems to me the only answer, at this point, is the one that was obvious from the beginning. Let people decide how they want to live, what risks they're willing to take and what life means to them. Governor DeSantis, when he had his press conference, reopening Florida, said, You know, we shouldn't assume we know what everybody wants, because I know a lot of older folks who when they get visited by their relatives wearing masks, they say, please take off your mask, I want to see

your smile. And who are we to say no? Or, You should see your grandchildren only over Zoom forever? Or, You should be isolated in a nursing home forever with no human contact? Or, You can see people through a window if you like. We're really not going to ultimately say. You decide what's best for you, because we all take different risks that we're willing to tolerate.

Martin Kulldorff at Harvard Medical School says, "The experts are afraid to speak out." You have a lot of blah-blah-blah people who are not entitled to an opinion. He says the experts, the infectious disease epidemiologists, are afraid to speak out. Nice society you've given us, hysterics, where the actual experts qualified in this field are afraid to speak out, a society of fear. Nice going. Now, incidentally, my view is there are people who have lost their livelihoods, their lives, things that give them meaning, and all you have to do is speak out. Speak out. Enough is enough. By now, we've all gotten the message that you're selfish if you want to do the kinds of things that once gave your life meaning. For these people, life is about nothing but the avoidance of death and you can't have anything back until they say so. How did we let this happen? They wouldn't dare have told us this back when it was fifteen days to flatten the curve. No way. Nope, it's, You've got to have virtual events over Zoom, and no hugs and no weddings and ten people at your father's funeral, and all these other grotesque demands that we've gone along with.

What metrics are they using to tell us when we can have things back? Not the ones they told us at the beginning. We've met all those and we still can't have any back. Well, maybe you can have it in 2021. Fauci says spring of 2022, if everybody gets vaccinated. Okay. So, part of the natural order is that parents make sacrifices for their children, not the other way around. If vulnerable people want to isolate themselves, and I can understand why they would, then they should do that. But, as I am going through middle age it would never occur to me to make those demands of young people, never. Because I would think that was selfish, selfish of me that when I was young I got to experience all these things, all these irreplaceably beautiful moments of youth, but you can't have them, to keep me safe. No, I'll stay safe by following precautions and limiting my contacts, but you go out and enjoy the one life you get. That's what a good and decent human being says. That's what an unselfish person says.

The CDC is now saying we should go have a virtual Thanksgiving. Nope, not doing that. Not doing that. I'm going to go see people and hug them on Thanksgiving like a human and that is what we should do.

A lot of older people I talk to say, We don't want our children's lives ruined. We don't want our grandchildren's lives ruined. We don't want you to do this for us. Enough is enough at this point. The doomers keep having this crazy comic book view of the virus. When Wisconsin's bars were allowed to open, that was supposed to lead to a million deaths. It didn't. The Sunbelt spike was supposed to kill everybody. It didn't. Those spikes were long over; they were brought up and down without lockdowns. South Dakota never closed at all. They're doing fine. But then they had that Sturgis motorcycle rally and we got told, The Sturgis Motorcycle Rally led to 260,000 cases. It was a superspreader event. Well then *Slate*, you know *Slate*, the enemy of mankind, *Slate*, the website? They ran an article saying, Look, let's be honest. The Sturgis Motorcycle Rally did not lead to 260,000 cases. You're only saying that because you want it to have led to 260,000 cases, but this is BS. Now, *Slate* is not known for standing up for Trump-loving biker dudes. So, the only reason they would run an article like that is that it's true. The virus does what it will do, regardless of what our priesthood with their white coats and clipboards tries to do.

There's a sickness out there, all right, but I'm not talking about covid-19. I'm talking about the irrational fact-free response. We should demand our lives back, take our lives back. This is not

selfish. It is selfish to be ignoring all the collateral damage that's being done by this policy. You get one life, you want to live it, that's normal. What's selfish and abnormal is the presumption that other people are entitled to your life or to take an arbitrary number of years away from your life. If they want to live as prisoners in their own homes and experience life over Zoom, they can be our guests. The rest of us—I think I can speak for all of us in this room—intend to live. Thank you.

[From the [2020 Supporters Summit](#), presented at the historic Jekyll Island Club Resort on Jekyll Island, Georgia, on October 9, 2020.]

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