Science, Politics, and COVID: Will Truth Prevail?

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The following is adapted from a speech delivered on February 18, 2021, at a Hillsdale College National Leadership Seminar in Phoenix, Arizona.

The COVID pandemic has been a tragedy, no doubt. But it has exposed profound issues in America that threaten the principles of freedom and order that we Americans often take for granted.

First, I have been shocked at the unprecedented exertion of power by the government since last March—issuing unilateral decrees, ordering the closure of businesses, churches, and schools, restricting personal movement, mandating behavior, and suspending indefinitely

basic freedoms. Second, I was and remain stunned—almost frightened—at the acquiescence of the American people to such destructive, arbitrary, and wholly unscientific rules, restrictions, and mandates.

The pandemic also brought to the forefront things we have known existed and have tolerated for years: media bias, the decline of academic freedom on campuses, the heavy hand of Big Tech, and—now more obviously than ever—the politicization of science. Ultimately, the freedom of Americans to seek and state what they believe to be the truth is at risk.

Let me say at the outset that I, like all of us, acknowledge that the consequences of the COVID pandemic and its management have been enormous. Over 500,000 American deaths have been attributed to the virus; more will follow. Even after almost a year, the pandemic still paralyzes our country. And despite all efforts, there has been an undeniable failure to stop cases from escalating and to prevent hospitalizations and deaths.

But there is also an *unacknowledged* reality: almost every state and major city in the U.S., with a handful of exceptions, have implemented severe restrictions for many months, including closures of businesses and in-person schools, mobility restrictions and curfews, quarantines, limits on group gatherings, and mask mandates dating back to at least last summer. And despite any myths to the contrary, social mobility tracking of Americans and data from Gallup, YouGov, the COVID-19 Consortium, and the Centers for Disease Control and Prevention (CDC) have all shown significant reductions of movement as well as a consistently high percentage of mask-wearing since the late summer, similar to the extent seen in Western Europe and approaching the extent seen in Asia.

With what results?

All legitimate policy scholars today should be reexamining the policies that have severely harmed America's children and families, while failing to save the elderly. Numerous studies, including one from Stanford University's infectious disease scientists and epidemiologists Benavid, Oh, Bhattacharya, and Ioannides have shown that the mitigating impact of the extraordinary measures used in almost every state was small at best—and usually harmful. President Biden himself openly admitted the lack of efficacy of these measures in his January 22 speech to the nation: "There is nothing we can do," he said, "to change the trajectory of the pandemic in the next several months."

Bizarrely, though, many want to blame those who opposed lockdowns and mandates for the failure of the very lockdowns and mandates that were widely implemented.

Besides their limited value in containing the virus, lockdown policies have been extraordinarily harmful. The harms to children of suspending in-person schooling are dramatic, including poor learning, school dropouts, social isolation, and suicidal ideation, most of which are far worse for lower income groups. A recent study confirms that up to 78 percent of cancers were never detected due to missed screening over a three-month period. If

one extrapolates to the entire country, 750,000 to over a million new cancer cases over a nine-month period will have gone undetected. That health disaster adds to missed critical surgeries, delayed presentations of pediatric illnesses, heart attack and stroke patients too afraid to go to the hospital, and others—all well documented.

Beyond hospital care, the CDC reported four-fold increases in depression, three-fold increases in anxiety symptoms, and a doubling of suicidal ideation, particularly among young adults after the first few months of lockdowns, echoing American Medical Association reports of drug overdoses and suicides. Domestic and child abuse have been skyrocketing due to the isolation and loss of jobs. Given that many schools have been closed, hundreds of thousands of abuse cases have gone unreported, since schools are commonly where abuse is noticed. Finally, the unemployment shock from lockdowns, according to a recent National Bureau of Economic Research study, will generate a three percent increase in the mortality rate and a 0.5 percent drop in life expectancy over the next 15 years, disproportionately affecting African-Americans and women. That translates into what the study refers to as a "staggering" 890,000 additional U.S. deaths.

We know we have not yet seen the full extent of the damage from the lockdowns, because the effects will continue to be felt for decades. Perhaps that is why lockdowns were not recommended in previous pandemic response analyses, even for diseases with far higher death rates.

To determine the best path forward, shouldn't policymakers objectively consider the impact both of the virus and of anti-virus policies to date? This points to the importance of *health policy*, my own particular field, which requires a broader scope than that of epidemiologists and basic scientists. In the case of COVID, it requires taking into account the fact that lockdowns and other significant restrictions on individuals have been extraordinarily harmful—even deadly—especially for the working class and the poor.

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Optimistically, we should be seeing the light at the end of the long tunnel with the rollout of vaccines, now being administered at a rate of one million to 1.5 million per day. On the other hand, using logic that would appeal to Lewis Carroll's Mad Hatter, in many states the vaccines were initially administered more frequently to healthier and younger people than to those at greatest risk from the virus. The argument was made that children should be among the first to be vaccinated, although children are at extremely low risk from the virus and are proven not to be significant spreaders to adults. Likewise, we heard the Kafka-esque idea promoted that teachers must be vaccinated before teaching in person, when schools are one of the lowest risk environments and the vast majority of teachers are not high risk.

Worse, we hear so-called experts on TV warning that social distancing, masks, and other restrictions will still be necessary after people are vaccinated! All indications are that those in power have no intention of allowing Americans to live normally—which for Americans means

to live freely—again.

And sadly, just as in Galileo's time, the root of our problem lies in "the experts" and vested academic interests. At many universities—which are supposed to be America's centers for critical thinking—those with views contrary to those of "the experts" currently in power find themselves intimidated. Many have become afraid to speak up.

But the suppression of academic freedom is not the extent of the problem on America's campuses.

To take Stanford, where I work, as an example, some professors have resorted to toxic smears in opinion pieces and organized rebukes aimed at those of us who criticized the failed health policies of the past year and who dared to serve our country under a president they despised —the latter apparently being the ultimate transgression.

Defamatory attacks with malicious intent based on straw-man arguments and out-of-context distortions are not acceptable in American society, let alone in our universities. There has been an attempt to intimidate and discredit me using falsifications and misrepresentations. This violates Stanford's Code of Conduct, damages the Stanford name, and abuses the trust that parents and society place in educators.

It is understandable that most Stanford professors are not experts in the field of health policy and are ignorant of the data about the COVID pandemic. But that does not excuse the fact that some called recommendations that I made "falsehoods and misrepresentations of science." That was a lie, and no matter how often lies are repeated by politically-driven accusers, and regardless of how often those lies are echoed in biased media, lies will never be true.

We all must pray to God that the infamous claim attributed to Nazi propagandist Joseph Goebbels—"A lie told once remains a lie, but a lie told a thousand times becomes the truth"— never becomes operative in the United States of America.

All of the policies I recommended to President Trump were designed to reduce both the spread of the virus to the most vulnerable and the economic, health, and social harms of anti-COVID policies for those impacted the most—small businesses, the working class, and the poor. I was one of the first to push for *increasing* protections for those most at risk, particularly the elderly. At the same time, almost a year ago, I recognized that we must also consider the enormous harms to physical and mental health, as well as the deaths attributable to the draconian policies implemented to contain the infection. That is the goal of public health policy—to minimize all harms, not simply to stop a virus at all costs.

The claim in a recent *Journal of the American Medical Association* (*JAMA*) opinion piece by three Stanford professors that "nearly all public health experts were concerned that [Scott Atlas's] recommendations could lead to tens of thousands (or more) of unnecessary deaths in the U.S. alone" is patently false and absurd on its face. As pointed out by Dr. Joel Zinberg in

National Review, the Great Barrington Declaration—a proposal co-authored by medical scientists and epidemiologists from Stanford, Harvard, and Oxford—"is closer to the one condemned in the *JAMA* article than anything Atlas said." Yet the Great Barrington Declaration has already been signed by over 50,000 medical and public health practitioners.

When critics display such ignorance about the scope of views held by experts, it exposes their bias and disqualifies their authority on these issues. Indeed, it is almost beyond parody that these same critics wrote that "professionalism demands honesty about what [experts] know and do not know."

I have explained the fact that younger people have little risk from this infection, and I have explained the biological fact of herd immunity—just like Harvard epidemiologist Katherine Yih did. That is very different from proposing that people be deliberately exposed and infected—which I have never suggested, although I have been accused of doing so.

I have also been accused of "argu[ing] that many public health orders aimed at increasing social distancing could be forgone without ill effects." To the contrary, I have repeatedly called for mitigation measures, including extra sanitization, social distancing, masks, group limits, testing, and other increased protections to limit the spread and damage from the coronavirus. I explicitly called for augmenting protection of those at risk—in dozens of on-the-record presentations, interviews, and written pieces.

My accusers have ignored my explicit, emphatic public denials about supporting the spread of the infection unchecked to achieve herd immunity—denials quoted widely in the media. Perhaps this is because my views are not the real object of their criticism. Perhaps it is because their true motive is to "cancel" anyone who accepted the call to serve America in the Trump administration.

For many months, I have been vilified after calling for opening in-person schools—in line with Harvard Professors Martin Kulldorf and Katherine Yih and Stanford Professor Jay Bhattacharya—but my policy recommendation has been corroborated repeatedly by the literature. The compelling case to open schools is now admitted even in publications like *The Atlantic*, which has noted: "Research from around the world has, since the beginning of the pandemic, indicated that people under 18, and especially younger kids, are less susceptible to infection, less likely to experience severe symptoms, and far less likely to be hospitalized or die." The subhead of the article was even clearer: "We've known for months that young children are less susceptible to serious infection and less likely to transmit the coronavirus."

When the *JAMA* accusers wrote that I "disputed the need for masks," they misrepresented my words. My advice on mask usage has been consistent: "Wear a mask when you cannot socially distance." At the time, this matched the published recommendations of the World Health Organization (WHO). This past December, the WHO modified its recommendation: "In areas where the virus is circulating, masks should be worn when you're in crowded settings, where you can't be at least one meter [roughly three feet] from others, and in rooms

with poor or unknown ventilation"—in other words, *not at all times by everyone*. This also matches the recommendation of the National Institutes of Health document *Prevention and Prophylaxis of SARS-CoV-2 Infection*: "When consistent distancing is not possible, face coverings may further reduce the spread of infectious droplets from individuals with SARS-CoV-2 infection to others."

Regarding universal masks, 38 states have implemented mask mandates, most of them since at least the summer, with almost all the rest having mandates in their major cities. Widespread, general population mask usage has shown little empirical utility in terms of preventing cases, even though citing or describing evidence against their utility has been censored. Denmark also performed a randomized controlled study that showed that widespread mask usage had only minimal impact.

This is the reality: those who insist that universal mask usage has absolutely proven effective at controlling the spread of the COVID virus and is universally recommended according to "the science" are deliberately ignoring the evidence to the contrary. It is *they* who are propagating false and misleading information.

Those who say it is unethical, even dangerous, to question broad population mask mandates must also explain why many top infectious disease scientists and public health organizations question the efficacy of general population masking. Tom Jefferson and Carl Heneghan of the University of Oxford's Centre for Evidence-Based Medicine, for instance, wrote that "despite two decades of pandemic preparedness, there is considerable uncertainty as to the value of wearing masks." Oxford epidemiologist Sunetra Gupta says there is no need for masks unless one is elderly or high risk. Stanford's Jay Bhattacharya has said that "mask mandates are not supported by the scientific data. . . . There is no scientific evidence that mask mandates work to slow the spread of the disease."

Throughout this pandemic, the WHO's "Advice on the use of masks in the context of COVID-19" has included the following statement: "At present, there is no direct evidence (from studies on COVID-19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including COVID-19." The CDC, in a review of influenza pandemics in May 2020, "did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility." And until the WHO removed it on October 21, 2020—soon after Twitter censored a tweet of mine highlighting the quote—the WHO had published the fact that "the widespread use of masks by healthy people in the community setting is not yet supported by high quality or direct scientific evidence and there are potential benefits and harms to consider."

My advice on masks all along has been based on scientific data and matched the advice of many of the top scientists and public health organizations throughout the world.

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At this point, one could make a reasonable case that those who continue to push societal restrictions without acknowledging their failures and the serious harms they caused are themselves putting forth dangerous misinformation. Despite that, I will not call for their official rebuke or punishment. I will not try to cancel them. I will not try to extinguish their opinions. And I will not lie to distort their words and defame them. To do so would repeat the shameful stifling of discourse that is critical to educating the public and arriving at the scientific truths we desperately need.

If this shameful behavior continues, university mottos like Harvard's "Truth," Stanford's "The Winds of Freedom Blow," and Yale's "Light and Truth" will need major revision.

Big Tech has piled on with its own heavy hand to help eliminate discussion of conflicting evidence. Without permitting open debate and admission of errors, we might never be able to respond effectively to any future crisis. Indeed, open debate should be more than permitted—it should be encouraged.

As a health policy scholar for over 15 years and as a professor at elite universities for 30 years, I am shocked and dismayed that so many faculty members at these universities are now dangerously intolerant of opinions contrary to their favored narrative. Some even go further, distorting and misrepresenting words to delegitimize and even punish those of us willing to serve the country in the administration of a president they loathe. It is their own behavior, to quote the Stanford professors who have attacked me, that "violates the core values of [Stanford] faculty and the expectations under the Stanford Code of Conduct, which states that we all 'are responsible for sustaining the high ethical standards of this institution.'" In addition to violating standards of ethical behavior among colleagues, this behavior falls short of simple human decency.

If academic leaders fail to renounce such unethical conduct, increasing numbers of academics will be unwilling to serve their country in contentious times. As educators, as parents, as fellow citizens, that would be the worst possible legacy to leave to our children.

I also fear that the idea of science as a search for truth—a search utilizing the empirical scientific method—has been seriously damaged. Even the world's leading scientific journals—*The Lancet, New England Journal of Medicine*, *Science*, and *Nature*—have been contaminated by politics. What is more concerning, many in the public and in the scientific community have become fatigued by the arguments—and fatigue will allow fallacy to triumph over truth.

With social media acting as the arbiter of allowable discussion, and with continued censorship and cancellation of those with views challenging the "accepted narrative," the United States is on the verge of losing its cherished freedoms. It is not at all clear whether our

democratic republic will survive—but it is clear it will not survive unless more people begin to step up in defense of freedom of thought and speech.