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LOCKDOWN LUNACY 4.0: the illusion of control — j.b. handley blog

J.B. Handley

25-32 minutes

By J.B. Handley

The story I will tell my grandchildren someday will go something like this:

A totalitarian regime—China—flipped out and locked down an entire city when they discovered a new virus. Most of the world's leaders, throwing out a century of hard-earned knowledge about how to manage through infectious disease outbreaks, ended up doing the same thing in a panicky week fueled by trumped-up death models created by people with fancy degrees. As the details began to emerge that the original forecasts and death rates were way overblown, most leaders doubled-down on stupid policies, unwilling to acknowledge an obvious truth: governments don't stop viruses. Instead, they continued to take their shockingly-acquiescent populations on a year-long [snipe hunt](#). Mercifully, a few countries and U.S. states took a different path, so that a world without these ridiculous policies exists to highlight the idiocy.

Italy: did everything right...and now the virus is back?

In yesterday's *Daily Beast*, the headline tells the whole story:

Italy Did Everything Right to Stop a Second Wave of the Coronavirus. So What Went Wrong? The article explains:

What's particularly troubling about the return of COVID in Italy is that the country has done everything experts like Dr. Anthony Fauci have been advising. Face masks in public places have been compulsory for months, social distancing is strongly enforced, nightclubs have never reopened, and sporting arenas are at less than a third of capacity. Children who are back at school are regularly tested and strictly social-distanced, and yet, the second wave seems completely unstoppable.

So, wait. Italy is following, more strictly, the many recommendations being made by Governors and public health officials here in the U.S., and yet the problem is getting worse? The article continues:

While ruling out another full lockdown, Italian health officials are instead urging people to limit their own movements, even as concern grows that by keeping them at their homes, they are inadvertently encouraging private parties where the spread seems to be the worst at the moment. Italy's health ministry released data this week showing that 80.3 percent of the new infections "occur at home" while only 4.2 percent come from recreational activities and schools.

I found this article to be shockingly honest for a somewhat mainstream publication, and the conclusion for anyone with the capacity to think independently is fairly obvious: **you can't stop a virus.** And, for reasons that I'm sure psychologists will be analyzing for decades to come, both your fellow citizens and many politicians seem to be suffering from a deeply destructive condition: the illusion of control. *The Daily Beast's* article concludes with a dreary statement that I think every American

will soon realize is true for all of us, too:

“But for many, the sacrifices that helped during the first round seem lost now, as though they had been made in vain.”

A couple of charts from Europe



From March 2020, no longer true.

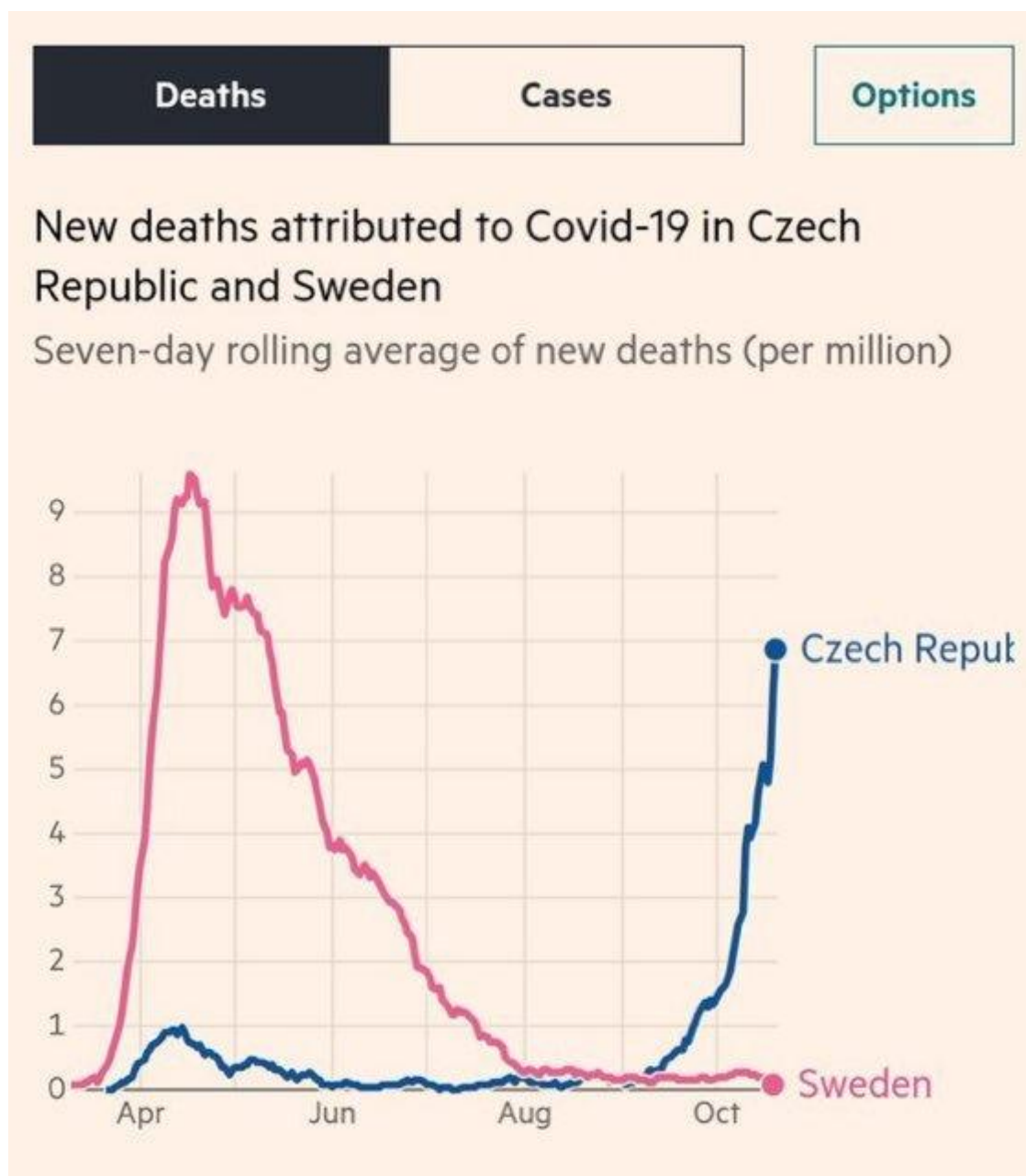
The real purpose of this article is to share a number of facts with you that demonstrate how completely ridiculous it is that we have ANY restrictions on our lives right now, but before I do that I just want you to look at a couple of quick charts that will give you greater perspective on what's really happening in Europe right now. I'll start with the Czech Republic, a country that was absolutely PRAISED for their aggressive lockdown. It's safe to say the Czech Republic was held up as a virtuous model of great governance and citizenry obedience. [The Washington Post](#) certainly considered the Czech Republic the model to follow, and the Czech Republic's Prime Minister was more than happy to lecture President Trump in a tweet on March 28th that hasn't aged very well:

Mr. President [@realDonaldTrump](#), try tackling virus the Czech

way. Wearing a simple cloth mask, decreases the spread of the virus by 80 %! Czech Republic has made it OBLIGATORY for its citizens to wear a mask in the public. Pls retweet. God bless America!<https://t.co/BATFV8l3ob>

— Andrej Babiš (@AndrejBabis) [March 29, 2020](#)

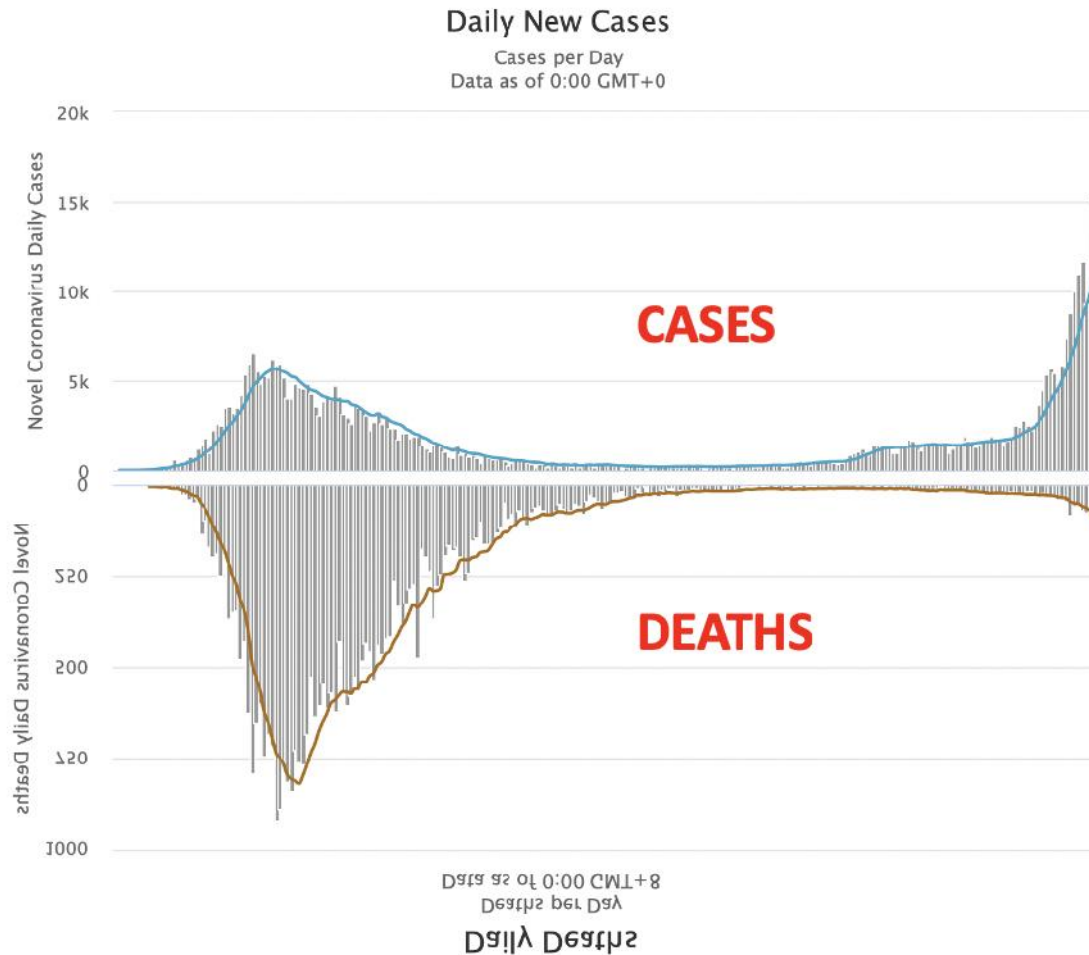
Meanwhile, Sweden, the glorious outlier from group-think in Europe has been criticized for its insanely light response to COVID, which has led to this chart. You tell me where you'd rather be living right now:



Notably, lost in the recent panic about Italy, is any actual

perspective, so I thought I'd give you some by simply merging two charts anyone can look up for themselves on the [Worldometers website](https://www.worldometers.info/coronavirus/). Here you go:

Daily New Cases in Italy



Daily New Deaths in Italy

Notice anything? Firstly, the recent uptick in deaths in Italy is TINY compared to what Italy dealt with last Spring. Secondly, the relationship between cases and deaths is WAY different than it was in the Spring, too. In fact, studying the data from Italy could help us understand many of the mistakes our leaders are making here in the U.S. right now. In many cases, all we have done is delay the inevitable. And, suffering from the illusion of control, some of our leaders genuinely believe that somehow their actions will snuff this virus out, as if that's ever been done

or is even possible. I will refer back to Italy later, but let's catch up on the most important facts about COVID as of right now and how they SHOULD be dictating policy, but in most places simply aren't.

Fact #1: The Infection Fatality rate of COVID-19 is a) roughly 0.23% for the population and b) dramatically different depending on age, dropping to 1 in 33,000 for those aged 0-19

On October 14, 2020, the World Health Organization published a [peer-reviewed study](#) by Stanford's John Ioannidis that reviewed 61 separate studies that estimated the Infection Fatality Rate of COVID-19. What's the answer? 0.23% for everyone, and dramatically lower for anyone under the age of 70. How much lower?

For people < 70 years old, the infection fatality rate of COVID-19 across 40 locations with available data ranged from 0.00% to 0.31% (median 0.05%); the corrected values were similar.

It's hard to put this all in context, but here's the bottom line: shutting down society for a disease with an IFR of 0.23% across the population (that's roughly 2 deaths for every 1,000 people infected), and almost zero for younger people, is insane. If you're unsatisfied with this one paper, even though it's a peer-reviewed meta-analysis, our own [CDC spelled out the difference in IFR by age](#), and the numbers are pretty incredible:

Table 1. Parameter Values that vary among the five COVID-19 Pandemic Planning Scenarios. The scenarios are intended to advance public health preparedness and planning. They are not predictions or estimates of the expected impact of COVID-19. The parameter values in each scenario will be updated and augmented over time as we learn more about the epidemiology of COVID-19. Additional parameter values might be added in the future (e.g., population density, household transmission, and/or race and ethnicity).

Parameter	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5: Current Best Estimate
R_0^*	2.0		4.0		2.5
Infection Fatality Ratio†	0-19 years: 0.00002 20-49 years: 0.00007 50-69 years: 0.0025		0-19 years: 0.0001 20-49 years: 0.0003 50-69 years: 0.010		0-19 years: 0.00003 20-49 years: 0.0002 50-69 years: 0.005

0-19 years: 0.003%
20-49 years: 0.02%
50-69 years: 0.5%
70+ years: 5.4%

I want to put the IFR for a person in the 0-19 age bracket in context. IF they are infected with COVID, their odds of dying are 0.003%. What does that mean? **If 33,000 people aged 0-19 were infected with COVID, ONE would die.** For those of you masking your kids and drenching them in hand sanitizer, I think you can chill!

What's worse about the IFR, and the total number of COVID deaths, is that they are both very likely to be highly over-stated, because of the way we test for COVID.

Fact #2: The “gold standard” PCR tests we are using for COVID is likely over-stating the number of COVID cases (and therefore deaths) by as much as 10-fold!!

Of all places, the details about PCR tests and their extreme limitations were first highlighted in [this article](#) in the *NY Times*. When I first read the article I thought, “This is it! They will have to revise down all the numbers and stop testing everyone!” Humans are simple people. We welcome the “yes” or “no” of a COVID test, everyone can get that: you either “have” COVID , or you do not have COVID. But, the test we are using—called a PCR test—is WAY more complicated than that, as the article explains:

The PCR test amplifies genetic matter from the virus in cycles; the fewer cycles required, the greater the amount of virus, or viral load, in the sample. The greater the viral load, the more likely the patient is to be contagious.

This number of amplification cycles needed to find the virus,

called the cycle threshold, is never included in the results sent to doctors and coronavirus patients, although it could tell them how infectious the patients are.

In three sets of testing data that include cycle thresholds, compiled by officials in Massachusetts, New York and Nevada, up to 90 percent of people testing positive carried barely any virus, a review by *The Times* found.

Yes, you just read that right, you really did. The *NY Times* reported that 90% of the positive PCR tests they reviewed “carried barely any virus.” This is simply unbelievable, and unconscionable that this news hasn’t changed everything about how we track both COVID cases and deaths. In the same article, UC-Riverside virologist Dr. Juliet Morrison, commenting on the number of cycles PCR tests are currently using (40), noted: “I’m shocked that people would think that 40 could represent a positive.” And, I was shocked when I realized the implications of what Dr. Morrison was saying, as the article details:

A more reasonable cutoff would be 30 to 35, she added. Dr. Mina said he would set the figure at 30, or even less. Those changes would mean the amount of genetic material in a patient’s sample would have to be 100-fold to 1,000-fold that of the current standard for the test to return a positive result — at least, one worth acting on.

How do I put this revelation in proper context? Luckily I don’t have to, because the *Times* did it for me, when they had Massachusetts health authorities look at their internal testing data:

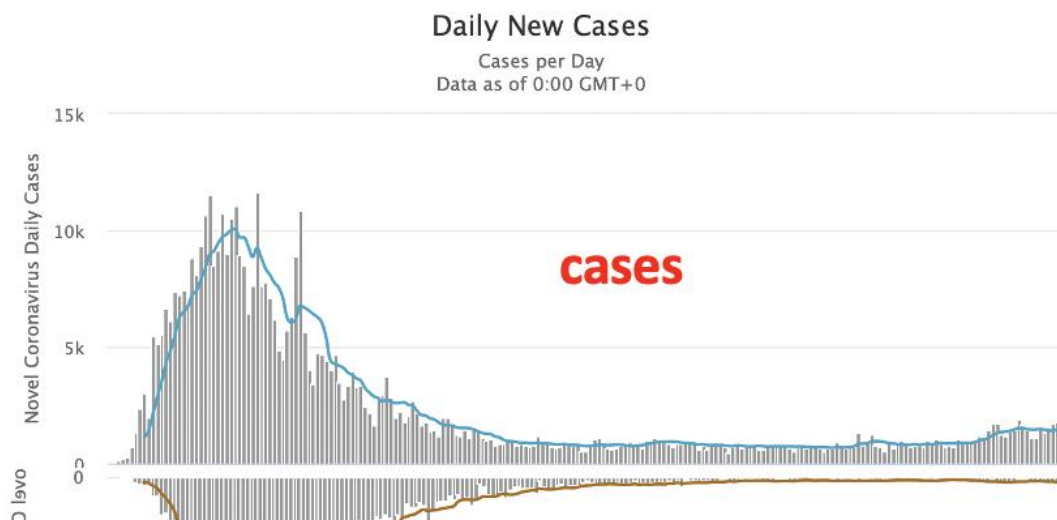
In Massachusetts, from 85 to 90 percent of people who tested positive in July with a cycle threshold of 40 would have been

deemed negative if the threshold were 30 cycles, Dr. Mina said. “I would say that none of those people should be contact-traced, not one,” he said.

Astonishing. We may be mischaracterizing up to 90% of currently-positive COVID cases (and therefore deaths) by using a test that is way too sensitive, where most positive PCR-tested people have no chance of infecting anyone else. Whether the number is 40%, 50%, or 90% is likely up for debate, the FACT that we are massively over-stating cases and deaths because of the PCR test is not. Let’s think back to that chart of Italy for a moment, the one that shows cases (ascertained from a PCR test) going up quite a bit, but only a nudge of a change in deaths.

Couldn’t a massive uptick in the number of people tested, combined with a test that is way too sensitive, explain why many are calling this a “casedemic” derived from the PCR test? Let’s look at New York’s cases and deaths arrayed the same way as Italy. There have been recent grumbles about New York having an uptick in cases, but we see the very same phenomenon. It seems the PCR tests are serving to highly exaggerate the scale of COVID.

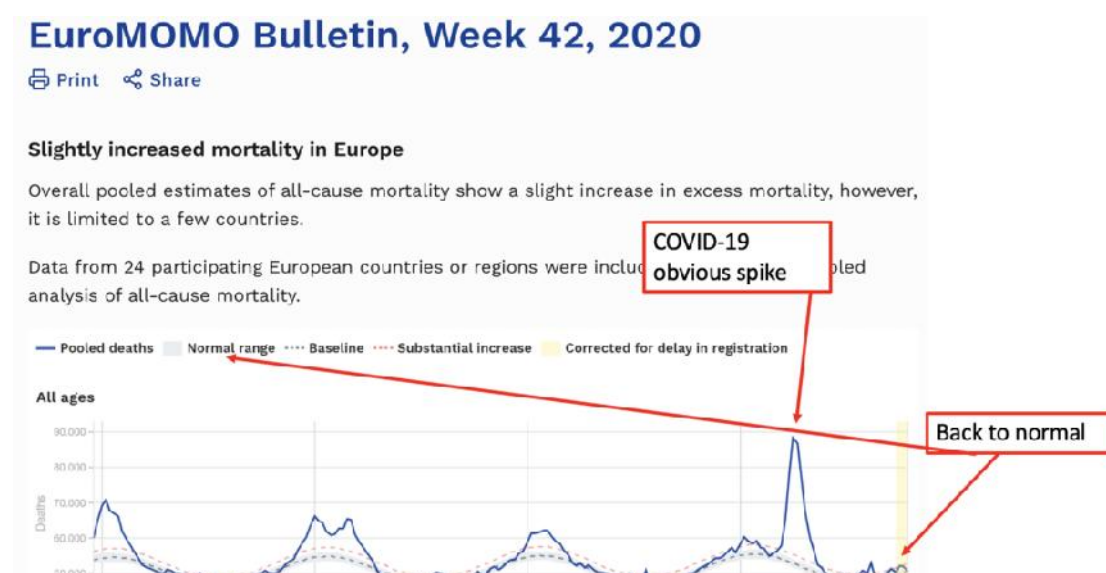
Daily New Cases in New York



tiny uptick in PCR-derived cases, but no change in deaths

Fact #3: In the Western world, all-cause mortality—the most reasonable way to measure the impact of COVID—has normalized, showing us the “pandemic” is over. Over!

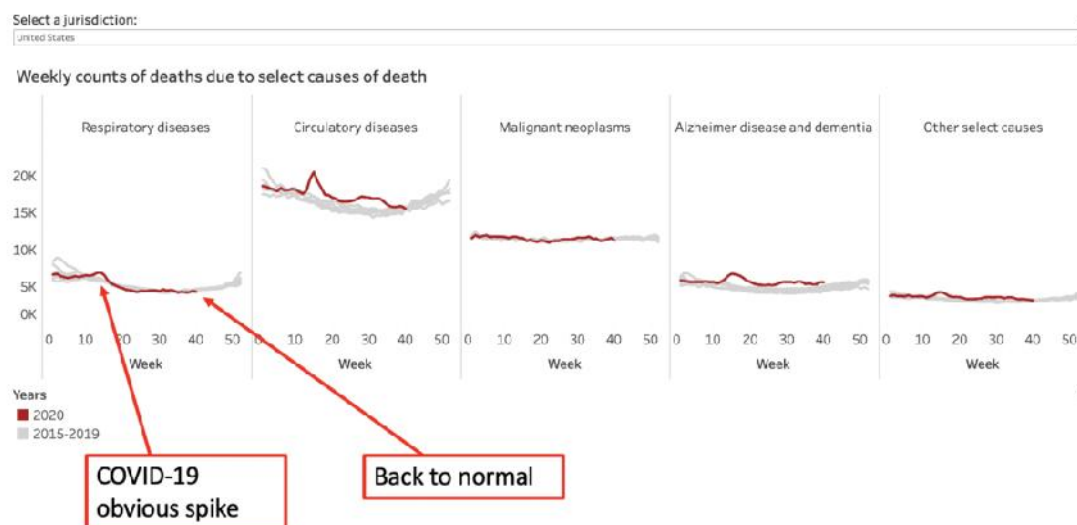
When you have debates about PCR tests, whether or not someone died ‘of’ COVID or “with” COVID, the only realistic measurement of the impact of a pandemic is known as “all-cause mortality.” Noted British epidemiologist [William Farr](#) long-ago figured out that only by comparing total deaths to prior year deaths could you ascertain whether or not an infectious disease had an outsized impact on the death rate of a population. So what does all-cause mortality look like right now? Let’s start with Europe, where [this website](#) compiles data for 24 separate European countries, here’s their very latest data:



All-cause mortality has normalized in Europe

What's the data say? In Europe, there is no longer any spike in deaths versus prior years. The pandemic is over.

In the United States, the CDC maintains data on excess deaths, you can [read it all right here](#), and this chart gives the best visual of how much we have returned to normal.



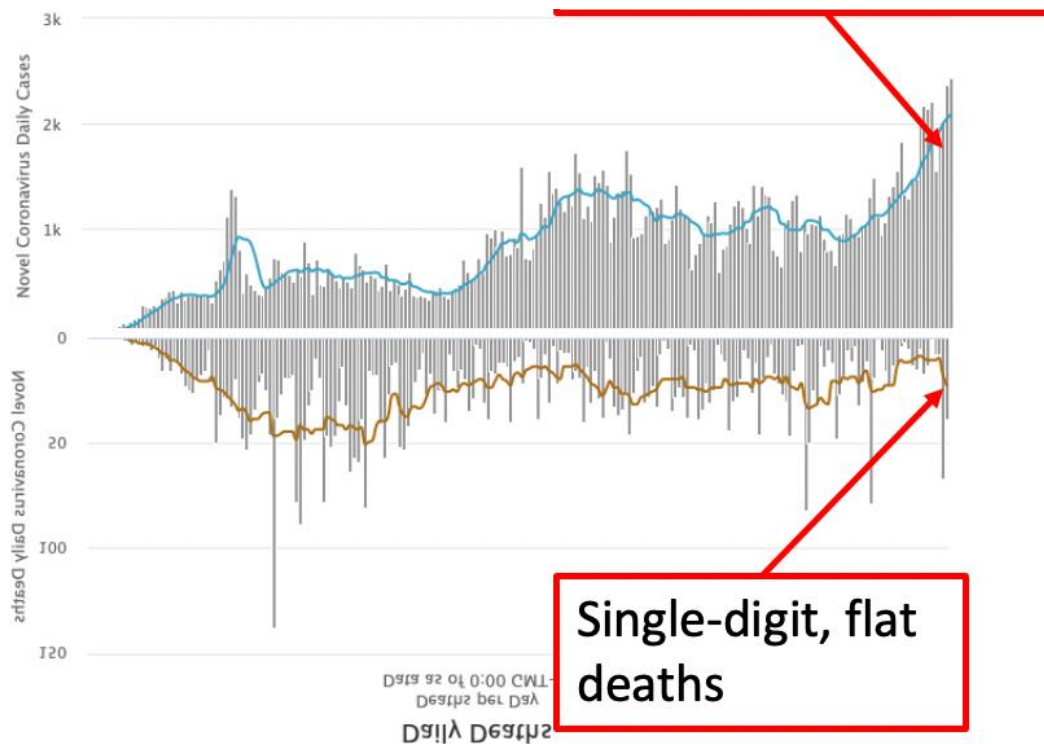
All-cause mortality has normalized in the USA

But wait, aren't people talking about spiking cases of COVID in the United States? Wasn't it even mentioned in the Presidential debate last night? Indeed, as one example the Governor of Ohio [is bemoaning spiking cases right now and threatening to close some schools](#). But what do the numbers actually say—how can COVID still be a problem if the CDC's excess data shows a return to normal? Check out [Ohio's numbers](#). Cases are indeed spiking, which could easily be caused by a) more testing and b) the PCR debacle already discussed. Deaths, however, remain extremely low in Ohio, with many days in single digits.

Daily New Cases in Ohio

Daily New Cases
Cases per Day
Data as of 0:00 GMT

Spiking cases (PCR)



There's no emergency in Ohio

COVID-19 is rising in Arizona. Expect Gov. Doug Ducey to hide out until after the election

Opinion: Arizona is at a 'pivotal point' with COVID-19 and Gov. Doug Ducey is MIA. Oh, for a leader who would at least try to head off another human and economic disaster.

Laurie Roberts Arizona Republic

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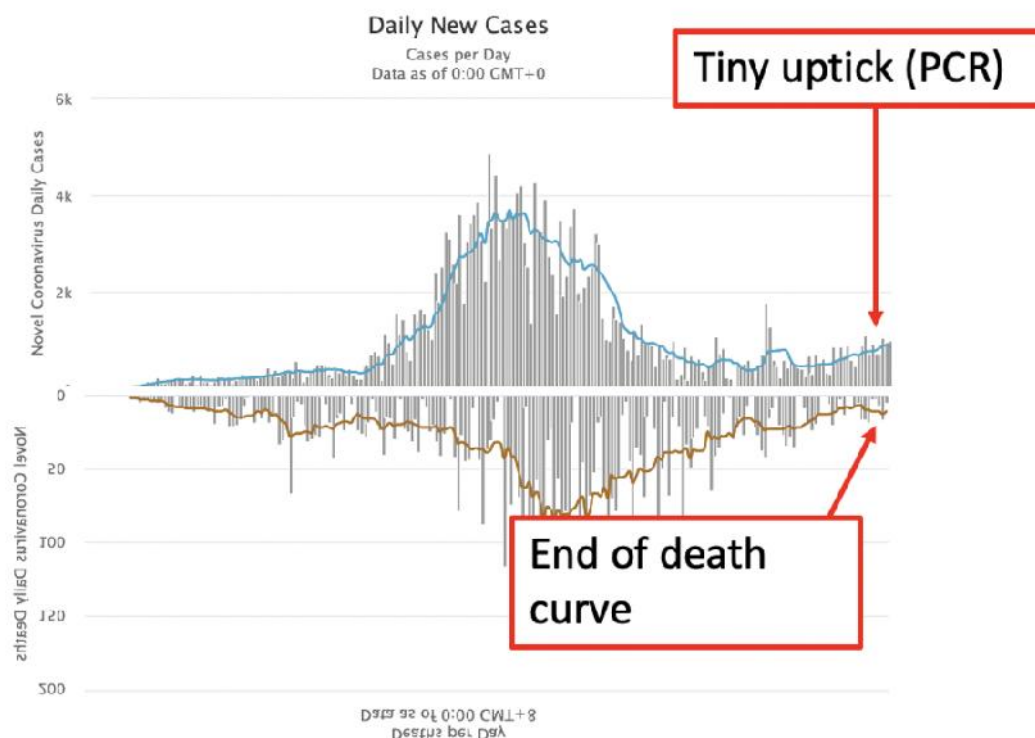
Reading this article in the *Arizona Republic* yesterday, you'd think Arizona also had a serious problem, right? The article says:

Arizona, we are told, is at a “pivotal point” for COVID-19. The number of cases is once again [rising](#), the virus is once again [spreading](#) and projections suggest that more people — [people's whose lives could be saved](#) — soon will be dying if something doesn't change.

“We are currently surging in Arizona,” Joshua LaBaer, who heads Arizona State University's COVID-19 research efforts, warned on Wednesday, “and my hope is that we can prevent it from getting to the level where it was in the summertime.”

Sounds pretty scary, right? If you live in Arizona and this is your only information source, you might be nervous. But, look at [Arizona's data](#), they are clearly at the tail end of their death curve:

Daily New Cases in Arizona



Arizona is doing great

Fact #4: The Herd Immunity Threshold (“H.I.T.”) for COVID is 10-20%, not the 60-70% often quoted in the mainstream media

It’s becoming ever more clear that the “H.I.T.” of COVID is very likely in the 10-20% range, rather than the 60-70% range that was originally thought. It would be impossible to overstate the importance of this difference, because it supports exactly WHY COVID has already reached herd immunity in most of Europe, and WHY we’re almost done here in the U.S., too. Here’s one paper, [Herd immunity thresholds for SARS-CoV-2 estimated from unfolding epidemics](#). Their conclusion:

Our inferences result in herd immunity thresholds around 10-20%...these findings have profound consequences for the governance of the current pandemic given that some populations may be close to achieving herd immunity despite being under more or less strict social distancing measures.

The conclusion that COVID’s H.I.T. is between 10-20% is gaining wide acceptance, and it’s being borne out in the real world as countries everywhere are watching deaths from COVID simply dry up, as the virus runs out of new people to infect. The obvious explanation for WHY the H.I.T. for COVID is far lower than thought is that many more of us are naturally immune to COVID, because our T-cells carry immunity based on the fact that we’ve all been exposed to many corona viruses, which is commonly called a cold. My favorite outspoken scientist on this issue is Oxford’s Dr. Sunetra Gupta, check out this interview

with her titled, [“We may already have herd immunity – an interview with Professor Sunetra Gupta.”](#) A quote:

What I didn’t anticipate was that some of our responses to previous exposure to seasonal coronaviruses might actually protect us from infection. It’s one thing to get infected and not ill, but what the new studies are showing is that people are actually fighting off infection. So at an even more basic level, the pre-existing antibodies or T-cell responses against coronaviruses seem to protect against infection, not just the outcome of infection.

Fact #5: The scale of misperception of risk around COVID by many young Americans is off the charts, fomenting unnecessary fear and prolonging engagement in “health theater”

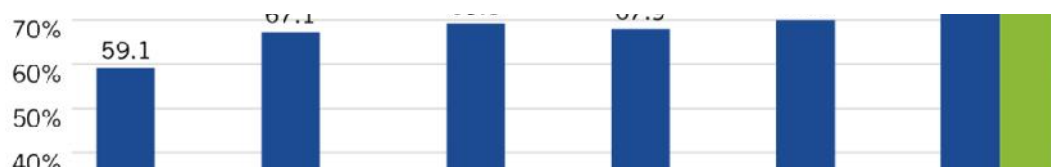
I live in Portland, Oregon. I ride my bike a few times a week. The number of young (under 30) Oregonians I see biking outside by themselves with a mask on is nauseating. Do these people honestly think their life is at risk? Yes, they do, as this [very disturbing survey](#) by Franklin Templeton made all too clear:

The discrepancy with the actual mortality data is staggering: for people aged 18–24, the share of those worried about serious health consequences is 400 times higher than the share of total COVID deaths; for those age 25–34 it is 90 times higher. The chart below truly is worth a thousand words:

FEAR OF HEALTH CONSEQUENCES FROM COVID-19 VS. ACTUAL MORTALITY DATA, BY AGE BRACKET

Share of respondents worried for serious health effects from coronavirus compared to deaths reported by the Centers for Disease Control and Prevention (CDC)





The “health theater” we are all participating in can only happen if Americans let it happen. The inability to frame risk in the proper perspective is the primary reason so much seemingly irrational behavior continues: people think their risk of dying from COVID is dramatically higher than reality. (And the media does nothing to help people better understand their risk.)

Fact #6: Keeping any schools closed isn’t supported by the science, and even The *NY Times* has figured this out—better late than never!

Health

HEALTH POLICY · GLOBAL HEALTH · THE NEW OLD AGE · SCIENCE · WELL · CORONAVIRUS OUTBREAK

Schoolchildren Seem Unlikely to Fuel Coronavirus Surges, Scientists Say

Researchers once feared that school reopenings might spread the virus through communities. But so far there is little evidence that it's happening.

By AP/WIDE WORLD



To my absolute shock, [this article](#) appeared in The *NY Times* yesterday. It states:

So far, schools do not seem to be stoking community transmission of the coronavirus, according to data emerging from random testing in the United States and Britain.

Elementary schools especially seem to seed remarkably few infections...“The more and more data that I see, the more comfortable I am that children are not, in fact, driving transmission, especially in school settings,” said Brooke Nichols, an infectious disease modeler at the Boston University School of Public Health.

On the one hand, great, we are finally seeing the mainstream press acknowledge something that has been well known for a very long time. On the other hand, we’ve known this for a very long time! Consider what we already knew before the START of our summer:

- Reuters reported in late-May that [“Reopening schools in Denmark did not worsen outbreak, data shows.”](#) Here’s a quote:

“You cannot see any negative effects from the reopening of schools,” Peter Andersen, doctor of infectious disease epidemiology and prevention at the Danish Serum Institute said on Thursday told Reuters. In Finland, a top official announced similar findings on Wednesday, saying nothing so far suggested the coronavirus had spread faster since schools reopened in mid-May.

- In mid-May, *The Telegraph* reported [“It is fear – not science – that is stopping our children being educated”](#), here’s a quote:

There is little about [coronavirus](#) we can be absolutely sure of – this is a brand new disease and our knowledge grows by the day - but most of the available evidence so far strongly suggests that children are neither suffering from coronavirus nor spreading it. Studies in South Korea, Iceland, Italy, Japan, France, China, the Netherlands and Australia all concur that youngsters are “not implicated significantly in transmitting Covid”, not even to parents and siblings. [Adult paranoia](#), stoked

by over-the-top government messaging, union intransigence and media conniptions, is now being inflicted on the youngest members of our society to whom the virus poses a threat so tiny scientists call it “statistically irrelevant”. Instead of nursery rhymes, mixed infants may soon be invited to sing something called the “two-metre-song” as they stick their arms out to keep their friends at bay.

- Science (May 28) released from Northern Ireland clearly shows that schoolchildren do NOT serve as vectors for COVID-19. Titled, [No evidence of secondary transmission of COVID-19 from children attending school in Ireland, 2020](#), the study could not be more clear:

“These findings suggest that schools are not a high risk setting for transmission of COVID-19 between pupils or between staff and pupils. Given the burden of closure outlined by Bayhem [4] and Van Lanker [5], reopening of schools should be considered as an early rather than a late measure in the lifting of restriction.”

- And, in late May the *Wall Street Journal* was saying the same thing, in this article titled [Is It Safe to Reopen Schools? These Countries Say Yes](#). An excerpt:

“But Denmark, Austria, Norway, Finland, Singapore, Australia, New Zealand and most other countries that [have reopened classrooms](#) haven’t had outbreaks in schools or day-care centers...In Denmark, the opening of schools had no impact on the progress of the epidemic, said Tyra Grove Krause, a senior official with the State Serum Institute, the country’s disease control agency...Since Austria reopened on May 18, no increase in infections has been observed in schools and kindergartens, a spokesman for the government said...In

Norway, the government won't close schools again even if the number of cases starts rising in the country because there have been no negative consequences from reopening schools on April 20, said Education Minister Guri Melby."

Between what we know about the IFR for children—it's nearly zero—and the success of SO MANY other countries who have opened their schools, it is simply unconscionable that every school in America isn't presently open.

Fact #7: The cavalry has finally come! We have scientists, Governors, and entire countries trying to egg on the world to return to sanity

Here are just some of my favorite recent examples of courage and logic that I hope you can take some comfort from in knowing that you aren't the only rational person left in this crazy world.

Dr. Scott Atlas

Excellent [article](#) from *The Spectator*.

DONALD TRUMP FEATURES MAGAZINE NOVEMBER 2020 POLITICS US POLITICS

Atlas shrugs

The establishment doesn't think he's an expert. He disagrees

Amber Athey



Atlas is a unique threat because he publicly and vocally opposes a second lockdown, instead advocating for reopening much of the country and implementing targeted measures to protect high-risk individuals. Critics attack his background, Atlas alleges, as an ‘excuse’ to discount his position. ‘I am a healthcare policy expert. I’ve been doing healthcare policy for 15 years,’ Atlas said. ‘I’m not here to be an epidemiologist. I’m here to be a healthcare policy person who understands, and can look at, with a critical eye, the science, as well as interpret the science into a healthcare policy position.’

The Great Barrington Declaration

It’s the best thing ever, just [check it out](#). If you haven’t heard of this, blame the mainstream media. Here’s the declaration, now signed by 11,000 scientists, 30,000 doctors, and a half million citizens from all over the world:

The Great Barrington Declaration

The Great Barrington Declaration – As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent PCR testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk should

Governor Ron DeSantis

If you have never watched Florida Governor Ron DeSantis, take the time to do so, he has been a truth warrior from Day 1, and Florida is one of our most “free” states right now because of him.

Governor Kristi Noem

Is any state more free than South Dakota? Not likely, and again, it comes down to the leadership of one person: Governor Kristi Noem. Watch her in action!

Sweden

Thank you, Sweden, you make the rest of the world, especially the United States, look remarkably stupid in the way we have approached COVID. Here’s a simple article that explains it all. An excerpt:

Most critics condemned the Swedes for daring to be different by going against the lockdown model. Yet, the fact is Sweden was doing what was done in pandemic times since civilization began. They provided the best health information possible to the public, protected the elderly, and let people make their own decisions.

WINNIPEG SUN

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Columnists

GIESBRECHT: Sweden did it

...right now did it ...

right, we did it wrong

Brian Giesbrecht

Aug 14, 2020 • • 3 minute read



In conclusion

The pandemic is over, it's likely only being kept alive through flawed testing. The notion of “locking-down” a society to fight a virus will, I believe, go down as one of the most bone-headed policy decisions in the history of mankind. The fact that ANY restrictions remain in place at this point is only the result of politicians too afraid to admit they made a mistake. Luckily for all of us, the clear facts and emerging leaders showing great courage will hopefully lead us out of this darkness sooner rather than later.

About the author: J.B. Handley is the best-selling author of [*How to End the Autism Epidemic*](#). He graduated with honors from Stanford University, and currently serves as a Managing

member of [Bochi Investments](#), a private investment firm. He can be reached at jbhandleyblog@gmail.com