

MEDICAL TYRANNY



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Shifting objectives and an extension of restrictive regimes beyond earlier expectations have sparked cynicism about Coronavirus and the administration of public health. Moreover, the politicization of the pandemic has created divisions among citizens who voice suspicions about governmental policies as well as medical research.

Fear is one of the most important instruments of social control. We suffer more often by fear than because of a rational danger. In Ancient Egypt there was a very real threat imposed by invaders and people were terrified by this rational fear. But after the invaders were defeated, the government continued to stimulate popular fears even though the threat had passed.

The notion of risk management is at the heart of the dilemma of maintaining security and protecting those things we value. There is, however, a realistic assumption that societies cannot completely eliminate all vulnerabilities. Yet, they must develop security programs to address those vulnerabilities or, in the face of the COVID crisis, they must develop public health programs to protect against the spread of disease. The balance that is sought in such endeavors is to optimize the threats rather than to unrealistically believe that you can eliminate all threats. In short, you live with risks.

History is replete with examples of societies crippled by fear and living in the face of terror. Eastern Europe and the other communist party states utilized terror and demonstrated the power of a tyranny imposed in the name of an ideology. The

public motivation as stimulated by the communist party state was that the capitalist West and the forces of the recently deposed bourgeois were threatening the very existence of the socialist systems. Citizens were warned that capitalist encirclement, enforced by destructive nuclear weapons, represented an existential threat. In the face of this threat, an oppressive security apparatus imposed constant surveillance. Neighbors and co-workers were urged to report any suspicious behaviors.

As the Soviet bloc lived in fear, the Western nations were convinced that the Communist menace represented a mortal threat. Loyalty security measures were the norm, especially for those working in government agencies. The Soviet theft of atomic secrets, all of which were well documented, was convincing evidence of the dangers we faced. The USSR's detonation of a nuclear bomb sounded the alarm throughout the Western world. Referred to as the "Red scare", this period was one of great anxiety and the rise of Senator Joseph McCarthy was proof of the potency of popular fears.

During the Cold War, the greatest fear was of nuclear holocaust that could destroy all life on the planet if the Cold War led to a brief but overwhelming hot war. The slogan "better red than dead" became the mantra for those who calculated the deaths likely to arise from such a conflict. In East Germany, Western observers reported conversations in which citizens speculated about how soon war could come rather than if war would occur. A Western diplomat in Moscow warned the US president that war could come with "dramatic suddenness" and that our warning time would be no more than 48 hours.

With a growing assortment of restrictions, authoritarianism is now justified by "science" and a fear of germs rather than a totalitarian ideology. In contrast with the nuclear threats of the Cold War, Coronavirus is associated with a more modest threat. The complexity of medical concepts has enhanced the confusion faced by average citizens. In particular, there is confusion over number of cases as opposed to infection fatality rate. For those

over 70, the fatality rate is *0.054*. For those between the ages 50 and 69 it is 0.005. For younger people, those between the ages 20 and 49, the fatality rate is 0.0002. For those below the age of 20, the fatality rate is 0.00003.

Any security measure has its own cost. During the Cold War with its threat of nuclear annihilation, Western nations expended a significant amount of their budgets on military preparedness. The Soviet Union, by most accounts, spent a much greater budgetary percentage than the United States.

Because of the complexity of medical issues it is difficult for the average non-medical person to understand therefore they are at the mercy of “experts” such as Professor Neil Ferguson, the British epidemiologist who studies the patterns of spread of infectious disease but was forced out of his governmental position because he violated his own rules. In October he warned that if families got together for Christmas the holiday would become a killer day. Skeptics noted that it was Professor Ferguson who in 2005, predicted that bird flu could kill 200 million people worldwide when, in fact, only 282 people died. More recently, California authorities predicted that in October there would be a frightening increase in COVID-19 hospitalizations when, in fact, the number of people being sent into hospitalizations declined during that time. Eventually, as California imposed ever more stringent measures, there was a dramatic increase. As the national rate of compliance on facemask requirements and other restrictions increase, Dr. Fauci has warned that the worst of the pandemic is lies ahead of us in what we are promised will be a grim time.

As we saw with the Cold War measures, the COVID restrictions are also very costly. There are several aspects of governmental efforts in response to Coronavirus. The requirement to use facemasks is the best known measure. Citizens who are not wearing masks may be reported to the police but, more likely, will be confronted by angry mask wearers who accuse them of wanting to kill grandmothers. In public surveys in October, 57% of the respondents report seeing verbal clashes about wearing the

mask, while 37% of respondents report physical clashes over this issue. There have even been reports of people being killed in disputes over the wearing a mask.

In general, the most that is asserted in mask studies is that there may be a meaningful correlation even though other factors may have been just as important if not more important in bringing about a reduction in cases. The state by state record is not encouraging. In Ohio there was a mask mandate for 112 days, while in Maryland the mandate was in effect for 106 days, and in New York the mandate ran for 128 days. However, all three governors cited a continually rising number of cases as evidence that there should even be more shutdowns. In places where there are very few COVID cases, authorities suggest that the masks are needed simply as a way of protecting people from the normal flu.

As wearing of facemasks became an increasingly widespread requirement with politicians pledging a nationwide mandate for all citizens everywhere to wear the mask, there was more attention to exactly how the mask should be worn. In California there have been discussions about requiring restaurant patrons to wear the mask while eating and to only lift the mask briefly to take a bite and then lower the mask. Similar restrictions would be imposed for drinking. In many public schools, students were cautioned to either not speak during meals or to speak only in a whisper. Some schools imposed a policy of not drinking or eating in school because that would require a lifting of the facemask.

Scientific studies which cast doubt on the utility of facemasks are generally dismissed without being widely reported. In October, a Danish study which was rumored to show that there was little or no correlation between mask wearing and COVID infection rates was suppressed within even being considered. In this same period, CDC data showed that 85% of people who became infected were actually wearing masks. Also significant was a study conducted for the Naval Medical Research Center which involved requiring over 3,000 military participants to wear mask and practice social isolation consistent with the most rigid

guidelines. The unfortunate conclusion of the study which was published in the *New England Journal of Medicine* was that these measures simply did not stop the spread of Coronavirus among this group of military recruits. Equally important are studies which demonstrate that mask wearing can be harmful to the healthy because of a drop in oxygen levels that is associated with a diminished immunity level.

Even studies that are supportive of wearing the facemask are cautious about the casual acceptance of its use. Most people will observe that doctors usually, though not always, wear a facemask during medical procedures. But use of the facemask by a medical professional who understands the limits of a mask is different from the suggested universal mandates to wear it at all times, even indoors. In fact, studies suggest that extended usage can be worse than not using one at all during this time. The facemask industry is innovative and offers products that are especially attractive and somewhat expensive. Such items are likely to be washed and reused thus changing in shape and efficacy. An untrained person is likely to make serious mistakes using a product that was primarily designed for a medical professional.

In short, it may well be that face masks provide little more than a false sense of protection against Coronavirus. In many ways the facemask has become the American equivalent of the red Kim Il Sung badge worn by North Koreans. Mask advocates, rather than citing the scientific studies that would supposedly justify the mask mandates. In November, an editorial in *theconversation.com* complained about those who did not want to follow rules designed to protect them and speculated about how to gain compliance. The answer, the editorial explained, was to improve their messaging rather than their policies. An effective message must stress (1) that you care, (2) that you accept notions of equality, (3) a need for fitting in with the group, (4) deference to authority, and (5) acceptance of the natural way of doing things.

The Cold War with its confrontation between two rival systems had a strong ideological component. As Michael Brendan

Dougherty recently wrote in *National Review*, the facemask has become an ideological requirement of the COVID-19 lifestyle. He compared it to the onset of a new religion that has disrupted all of our traditions – Christmas and Thanksgiving, for example – and in which all denominational differences are seen as a heresy that threatens the entire community. Rejection of the facemask is comparable to a rejection of the new savior and something that tears asunder familial and personal relationships.

The fact that COVID restrictions are exceptionally intrusive and extend far beyond matters generally associated with health concerns is another concern. In California, for example, Thanksgiving celebrations were limited to no more than three households and were not allowed to last longer than two hours. They had to be outdoors and there were strict guidelines regarding the ability of attendees to actually use restrooms.

These restrictions now touch on Internet freedom and are being used to impose censorship. The overall goal is to prevent Internet users from posting information that might undermine the official narrative. In its annual Freedom of The Net report, the human rights watchdog group Freedom House noted that COVID-19 is being cited as a reason for using Internet technology to monitor communications around the world. In the United States, Internet freedom has been undermined in each of the past four years. Because of the pandemic, people have become more dependent on the Internet at a time when there are more and more restrictions. As a result, people are increasingly vulnerable and our freedoms are further diminished.

Cyber sovereignty has become official policy in many countries as governments assert their right to control what their citizens are able to see on the Internet. While Russia and Iran have been most vigorous in asserting this control, other nations are clearly attracted to this as a philosophy that can restrict Internet freedom.

One of the most troubling factors is the extent to which the restrictions are turning citizens against each other. Public officials

are encouraging people to report neighbors who may be hosting gatherings with more than the authorized number of guests. In November, the governor of Michigan advanced a provision under which restaurant owners could face a six month prison sentence if they did not conduct surveillance of their patrons in order to facilitate contact tracing. There has also been a significant rise in eating disorders during this period of lockdowns and quarantines. Weight gains have been exacerbated by the closure of exercise facilities. In a recent case in England, two women who went for a stroll were arrested because they were each carrying a drink which made the stroll technically a picnic. They were apprehended by a three vehicle armed police detachment.

Just as Cold War era children faced dire warnings about the threat of nuclear war, COVID era child hear incessant warning about the threat of an unseen disease. A necessary component of the process of stimulating fear are the suggestions that the situation in the United States is far worse than other nations so even more must be done. This ignores the documented fact that a larger percentage of citizens are being infected in Belgium, France, the UK, and Netherlands.

More burdensome are the numerous lockdowns which have had a devastating economic impact. What began with the promise of a two week Lockdown to “flatten the curve” emerged as what is now referred to as the “Age of Coronavirus”. With the passage of time, it became apparent that lockdowns had no demonstrable impact on the suppression of Coronavirus and the states with the most rigid lockdowns had the most severe COVID experiences. In spite of the appearance of the Pfizer vaccine in November, officials most likely to be part of a Biden COVID taskforce promised renewed lockdowns lasting from four to six weeks and being more severe. Under the likely guidelines for future lockdowns, only essential workers – estimated at 39% of the US workforce – would be allowed to stay on their jobs.

As reported in *The Wall Street Journal* on 2 September, there were strong indications that the Lockdowns were not only

economically destructive but, more telling, were associated with a greater spread of the Coronavirus. A study conducted by Donald L. Luskin's *TrendMacro* analytics firm demonstrated that the five states in which the Lockdowns were most rigorously imposed – the District of Columbia, New York, Michigan, New Jersey and Massachusetts – actually experienced the greatest number of cases.

In this environment, science and medical practice have been increasingly politicized. It is reminiscent of the reign of Trofim Lysenko who directed Soviet science and suppressed the teaching of genetics until the 1970s. Genetics and the work of Gregor Mendel were seen as anti-Marxist. In some countries there have even proposals to imprison doctors who prescribe medications that are politically unacceptable. Even worse is legislation recently introduced in New York under which public health law would be amended to permit the “removal and detention” of people who might be identified as carriers of a disease, thus making them a threat to public health. The author of the legislation, State Assemblyman Noah Nichols Perry, assured critics that the detention would not exceed sixty days unless an extension was authorized by a judge.

In spite of the psychological effects of COVID related isolation, politicians intone that if restrictive measures save only one life, the most draconian measure are acceptable. With this attitude, you cannot have a discussion about these restrictions without being subjected to accusations that you want people to die. And, of course, while there are different levels for risk tolerance policies are formulated in the one size must fit all fashion. As a result, the impact of restrictions varies greatly from one person to another.

Early pronouncements by political and medical authorities were inconsistent and initially calculated to avoid panic. On 23 February, Speaker of the House Nancy Pelosi suggested that people come to Chinatown and visit a Chinese restaurant. Later authorities stimulated panic so citizens would be more likely to support excessive measures. Many officials in the United States and Europe as well as the World Health Organization openly

speculated about how to stimulate popular willingness to follow administrative edicts that were economically destructive and personally invasive. In short, there was a decision that panic was exactly what was needed.

With time, the COVID crisis atmosphere has outlived its utility. As a result, there has been a growing cynicism about the restrictions and the motives of those who enforce them. Equally important is the “collateral damage” of COVID restrictions. Lives are lost or destroyed because of psychological factors which are difficult to calculate. Social isolation, unemployment and a general disruption of medical treatment services are among the most prominent factors. It will be some time before we can determine how many lives have been lost because of domestic violence, depression, suicide, drug use, and the deferral of treatment for illnesses that could have been treated. Many people who needed care for treatable conditions were either afraid to visit their doctors or found it difficult to get appointments. In Australia in October, 2020, Adelaide health officials acknowledged that four newborn infants died because Australian travel restrictions prevented them from being flown to Melbourne’s Royal Children’s Hospital in Victoria.

One pivotal factor in this crisis has been the ability of the state apparatus to produce data which will presumably justify all restrictive measures. Each day, our television screens display the number of “cases” as well as the number of deaths attributed to COVID. If a comparable display could inform us of those who died as collateral damage, it would be easier to calculate the impact of COVID policies.

As the crisis showed little sign of abating, some scholars and analysts began to warn against a blind submission to medical and governmental authority. They argued that it was essential to consult with personal physicians who know the most about our physical conditions. With increasing frequency, such warnings were deleted from social media as being “misinformation”.

Even the long promised Coronavirus vaccine became a contentious issue. When Pfizer announced that the vaccine was ready, many expressed doubts about their willingness to take it. Others would say, with the certainty of a cave man who might declare his faith in a magic rock, that if “scientists” recommended it, they would do so. If you go beyond this and ask “which scientist”, the respondent will likely convey confusion because of his assumption that all scientists have the same beliefs.

Moreover, under the best of medical circumstances, when your personal doctor offers advice, it is predicated on the assumption that you know what the healthiest course of action is but you are the one who makes the decision about how you will protect yourself. It is unthinkable that your doctor or one of his minions would intrude into your home to enforce his judgements.

Previously in Western society, a person would not routinely encounter the state with the frequency seen today. Traditionally, there has been a respect for the notion of consensus and the vital role it plays in a free society. In the COVID era, the state has imposed restrictions that are far beyond the possible discomfort of wearing a face mask but entail the disruption of commercial and personal relations. When a business is shuttered or put out of business, the consequences go far beyond the angst of losing an election or some other contest over policy. As a result, millions of people are consigned to lives of poverty and uncertainty.

While public health officials discuss the changing nature of a new virus and speculate about changing perspectives, they are not subjected to the devastating costs faced by individuals and their families. Demands for compliance are not tempered by consideration for the consequences people face, especially if they run a small shop. Big business, with its abundance of resources, is less affected by shutdowns than the small businesses which have been devastated.

Equally important, they have dismissed the collateral damage of COVID restrictions as no more than an inconvenience. Of course, we are never totally risk free but some effective

countermeasures are simple, inexpensive and non-disruptive. Most of the COVID restrictions are not. Moreover, the elites who have shaped these policies have failed to take into account the fragile nature of society. Social trust has been undermined as citizens are called upon to report their neighbors. The increasingly intrusive nature of public health mandates have placed government inside homes as people are urged to limit their number of visitors and the length of those visits.

The widespread fear of the Cold War era was stimulated by obvious military situations and the existence and utilization of weapons of mass destruction. It had an essentially rational and visible basis. The Coronavirus atmosphere is more like what citizens experienced during the “War of the Worlds” radio program. The story was a very effective fiction but the public hysteria was genuine.

We live in a time of growing cynicism about both the government and other administrative authorities. The response by those elites is not to allow an open discussion and presentation of research, but to denounce skeptics as people who are simply opposed to “science” without explaining which scientists they recognize. In a pluralistic society, it is not sufficient to simply demand that critics stay silent and obedient. If we are unable to resolve this issue, the greatest fatality of COVID will not only be the many elderly and health impaired citizens but rather our free society.