

The paranoid style in COVID-19 America

The public health establishment is desperate to maintain hysteria in the populace

Heather Mac Donald



To grasp the urgency of lifting the ubiquitous economic shutdowns, visit New York City's Central Park, ideally in the morning. At 5:45 am, it is occupied by maybe 100 runners and cyclists, spread over 843 acres. A large portion of these early-bird exercisers wear masks. Are they trying to protect anyone they might encounter from their own unsuspected coronavirus infection? Perhaps. But if you yourself run towards an oncoming runner on a vector that will keep you at least three yards away when you pass each other, he is likely to lunge sideways in terror if your face is not covered. The masked cyclists, who speed around the park's inner road, apparently think that there are enough virus particles suspended in the billions of square feet of fresh air circulating across the park to enter their mucous membranes and to sicken them.

These are delusional beliefs, yet they demonstrate the degree of paranoia that has infected the population. Every day the lockdown continues, its implicit message that we are all going

the population. Every day the lockdown continues, its implicit message that we are all going to die if we engage in normal life is reinforced. Polls show an increasing number of Americans opting to continue the economic quarantine indefinitely lest they be 'unsafe'. The longer that belief is reinforced, the less likely it will be that consumers will patronize

reopened restaurants or board airplanes in sufficient numbers to bring the economy back to life.

It is worth briefly reviewing the facts about outdoor viral transmission in order to assess the rationality of New York's park users. The chance of getting infected across a wide open, windswept space is virtually nil, even if the imaginary carrier were not moving quickly past his potential victim. When it comes to viral infections, **dose matters**. Proximity to the carrier, prolonged exposure, and being in an enclosed space are the biggest risk factors. Even the *New York Times*, one of the most aggressive purveyors of virus hysteria, could not avoid acknowledging this commonsensical truth about outdoor transmission. The director of Australia's International Laboratory for Air Quality and Health told the paper: 'Outdoors is safe, and there is certainly no cloud of virus-laden droplets hanging around.' Infectious droplets would be quickly diluted in outdoor air, director Lidia Morawska said, so their concentrations would quickly become insignificant. Bottom line: 'It is safe to go for a walk and jog and not to worry about the virus in the air.'

Two days later, the *Times*, back on its crusade to terrorize the citizenry, ran a full page of infographics under the headline: 'Social Distancing: Why 6 Feet?' A series of drawings showed the progression of pestilence emitted from a cougher across the six feet separating him from his unsuspecting victim. Eventually that victim is almost invisible under the cloud of death that has descended upon him. You had to read the fine print to learn that this simulation was being run in a hypothetical room of 600 square feet. The *Times* was not satisfied with its ominous portrayal of the indoor cough miasma, however. The bottom of the infographics page contained a reminder that 'It's Not Just Coughing.' Another cloud of disease was shown issuing from a flu carrier who is merely talking. What makes such conversation infectious? You had to consult the fine print again: The carrier needs to talk for five minutes in a crowded, poorly ventilated space.

Scientific analyses of how viruses travel usually assume indoor settings. A recent **study** from China confirmed that the risk of coronavirus infection occurs overwhelmingly indoors. The researchers identified only one outdoor outbreak of infection among over a thousand cases studied. Most transmissions occurred at home.

Japan, with an elderly and highly urban population of 126.5 million, eschewed a nationwide economic lockdown and emphasized instead the need to avoid the three Cs: confined spaces, crowded places, and close contact. It has had only 360 deaths as of April 26.

The Central Park paranoiacs, however, see threat everywhere. A burly middle-aged man occasionally sits on a bench overlooking ball fields in the northern end of the park. Upset that an unmasked jogger had run behind him, the man constructed a beaver dam of branches, torn from the surrounding trees, that extended behind the bench, so that no one could get within 10 feet of his back. Elsewhere in the park, a young jogger was running in the middle of the paved road, rather than in the left-hand runner's lane. She precipitately darted left without looking behind her first. I was approaching on a bike and was knocked down, resulting in a not inconsiderable head injury. The girl had been running in the middle of the road to avoid getting infected by her fellow joggers, she explained unrepentantly after the collision, and had thought she had seen some invasion of her viral-free zone coming from her right. In fact, there had been nothing around her that could have possibly exposed her to infection.

The suburban counterpart to these urban neurotics is the unaccompanied driver wearing his mask in his car.

The public health establishment is fighting desperately to maintain this degree of hysteria in the populace, in order to prolong its newfound power over almost every aspect of American life. Death will erupt if the lockdowns are lifted, the experts warn every few minutes on the cable news networks, to the angry approbation of the anchors. 'It's going to backfire,' Dr Anthony Fauci **warned** on April 20. Even as evidence keeps mounting that the virus is magnitudes less deadly than was advertised, the public health professionals are hardening their economy-killing prescriptions, rather than loosening them. David Kessler, a former head of the FDA, claims that Americans will need to eliminate two-thirds of their social contacts for a year or more until a vaccine is developed. The federal government should commandeer private factories to produce the millions of test kits that will be required on a daily basis before anyone can be 'fully free', he says.

A professor of pediatrics warns that restrictions must not be loosened 'anytime soon', because the models that show a decline in cases after a peak are untrustworthy. Of course, the invariably inaccurate upward slopes of those same models have been endlessly invoked to justify the shutdown.

A Harvard epidemiologist **predicts** the necessity of social distancing through at least 2022. Employers should not let their employees **leave the office for lunch** until a vaccine is developed, advises another former FDA commissioner, Scott Gottlieb, and a former CDC deputy director. Restaurateurs may not appreciate this recommendation.

Allegedly disinterested scientists circulate arcane findings that have little bearing on actual risk but possess great potential to increase anxiety. An infectious aerosols scientist from the University of Maryland told the *New York Times* for the paper's social distancing infographic: 'It's not like, "oh it's six feet, [the viral particles are] all fallen and there's

nothing.” It’s more like it’s a continuum.” Translation: don’t dare to think that you are safe from others at distances over six feet. In fact, the *Times* notes gleefully, with another scary diagram, MIT researchers have observed particles from a cough traveling 16 feet and those from a sneeze travelling as far as 26 feet. But the dosage at such distances would be incapable of infecting anyone.

The experts’ alarms over a post-lockdown surge in infections may not be necessary, however. A majority of Americans already believe that danger is ubiquitous, and are prepared to sacrifice millions more livelihoods to feel ‘safe’. Seventy-three percent of respondents in a recent WSJ-NBC poll were worried that they or someone in their immediate family would become infected — a proposition that would translate to over 300 million infected Americans. Though recent data from New York and California reveal that the virus’s prevalence in the population has been much greater than previously known (and the death rate much lower than our experts have asserted), it is unlikely that 300 million Americans will become infected. Fifty-eight percent of poll respondents were more worried about relaxing the stay-at-home restrictions than about the economic damage that prolonged restrictions would inflict. Only 32 percent of respondents were more worried about a failure to lift the quarantine restrictions in a timely manner.

Newspaper reader comment sections and the Twitter sphere rain down righteous anger upon anyone who suggests the most minimal reinstatement of normal life. Even blue state politicians are not immune from backlash. New York mayor Bill De Blasio came under fire for announcing that the city’s traditional Fourth of July fireworks celebration would go forward. ‘We’ll find a way to put on a show that will show how much we love our country,’ he said uncharacteristically. A representative Twitter commenter shot back: ‘is this genuinely what you think people are worried about right now???’

We are in a race between the ideology of safetyism and the facts. The future depends on which side prevails. The data is clear. The coronavirus danger is narrowly targeted at a very specific portion of the national population: the elderly infirm, especially those located in New York City and its surrounding suburbs. It possesses minimal risk to everyone else. New York State accounted for 42 percent of the national death toll on April 24, with 77 percent of those New York State deaths occurring in New York City.

The average death rate from coronavirus in New York City is 128 per 100,000. In New York State, it is 71 per 100,000. To put those numbers in perspective, the national death rate for all causes was 723.6 per 100,000 in 2018; for heart disease it was 163.6 per 100,000. New York’s coronavirus death rates bear no resemblance to the country at large, despite New York governor Andrew Cuomo’s recent pronouncement that ‘an outbreak anywhere is an outbreak everywhere’. California’s coronavirus death rate is four deaths per 100,000; Pennsylvania’s, 13 deaths per 100,000; Utah’s, one death per 100,000; Washington State’s, nine deaths per 100,000; Wisconsin’s, four deaths per 100,000; Georgia’s, which we are supposed to believe is about to unleash a mortal plague upon the country, eight deaths per

100,000; Texas's, two deaths per 100,000; and Florida's, four deaths per 100,000, despite its elderly population. An MSNBC pundit gleefully predicted several weeks ago that Missouri would succumb because it had not halted its economy soon enough. Its virus death rate stands at four deaths per 100,000.

For further perspective on those state rates, the death rate of flu and pneumonia in 2018 was 14.4 per 100,000, for kidney disease it was 13 per 100,000, and for diabetes it was 21.4 per 100,000. In other words, most of the country has suffered a toll from coronavirus that is markedly lower than the annual deaths from the flu and a host of other ailments.

New York City's average coronavirus death rate conceals vast differences in risk, as is true everywhere. The rate for people 75 and older is 950 per 100,000. That is seven times higher than the city-wide average, itself greatly influenced by that highest rate. For those 17 and younger the coronavirus death rate is zero. This age-based disparity is typical. The average age of confirmed coronavirus decedents in Massachusetts was 82, as of April 23.

Individuals with no preexisting conditions are at almost no risk. As of April 23, 99 percent of all coronavirus deaths in New York City had preexisting conditions, where the presence or absence of such conditions was known. In Massachusetts, 98 percent of all coronavirus deaths had underlying conditions, as of April 23.

Nursing homes are ground zero for the disease since their populations are exclusively the elderly infirm. Twenty-three percent of all coronavirus deaths nationwide were in nursing homes, according to a *Wall Street Journal* analysis. In Minnesota, 73 percent of total deaths were linked to long-term care facilities. In Massachusetts, 55 percent of all deaths were in such facilities.

To cancel most of the country's economy for a problem, however tragic, that is highly localized was a devastating policy blunder that must be immediately corrected. The lockdowns are taking a scythe to everything that makes human existence both possible and meaningful. Lives are being lost to the overreaction. Heart attack and stroke victims shrink from calling 911 lest they burden hospitals now dedicated exclusively to COVID-19 cases. Cancer victims have had their stem cell transplants put on hold; heart surgeries are being postponed indefinitely. The cancellation of 'nonessential' procedures has prevented the diagnosis of life-threatening diseases, writes a former chief of neuroradiology at the Stanford University Medical Center. Tumors and potentially deadly brain aneurysms are going undetected. Drug abuse deaths from economic despair and isolation **may already be rising**, as data out of Ohio suggests. The **United Nations** predicts tens of millions more lives globally stunted by extreme poverty and hundreds of thousands of childhood deaths.

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US unemployment is at depression levels. Small businessmen who risked their savings and credit in the hope of creating a successful enterprise have had their efforts destroyed. Up to a third of local businesses may never reopen. The damage to supply chains grows deeper by the day. Farmers are plowing under cabbages and strawberries, pouring out milk, and destroying eggs because they have lost their markets. It is almost impossible to plan future production with demand so irrationally depressed. Retail sales registered their biggest monthly drop on record in March. Department stores and local newspapers may become relics.

Many cultural institutions — small theaters, regional orchestras, and opera companies — will never rise again. Demand for progressive causes such as public transit and dense, multi-unit housing will evaporate the longer that fear is stoked. Yet the safetyism rhetoric is unabating. ‘The vast majority of people want to feel safe,’ a doctor told MSNBC anchor Stephanie Ruhle on April 23. ‘Hopefully people will turn to public health authorities and scientists for [safety] strategies.’ Those same authorities dole out positive reinforcement to keep the populace compliant. ‘Americans have done such a wonderful job’ of social distancing, Dr Deborah Birx, the White House coronavirus task force director, encouragingly announced, ‘so we don’t want to jeopardize their efforts with a hasty reopening’, she added.

To be sure, a revolt is brewing against the idea that perfect safety is the precondition for social and economic life. Even residents of blue states are chafing under their mandates, provoking **sniffy rebukes** from their public health masters. But enough people have embraced fear to destroy the necessary demand side of an economic recovery. The lockdowns signal that it is not safe to shop, travel, or socialize — a message that in most places is false. The bans must be lifted, while protective efforts are targeted intensely at the vulnerable elderly. As a harbinger of liberation, any true public health expert would tell those Central Park joggers and those solo drivers in their cars to tear off their masks and breathe free.

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