Trump’s NIH Pick Dr. Jay Bhattacharya Was Right on COVID Lockdowns

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SUMMARY

The discussion centers on the clash between public health messaging and academic freedom during the COVID-19 pandemic. The speaker argues that while public health requires a unified message, the rapidly evolving understanding of the virus and its impacts meant that such unanimity was not scientifically justified, leading to harmful policies that disproportionately affected vulnerable populations.

- *During the pandemic, there were competing norms: public health messaging demanded unanimity, while academic freedom encouraged open discussion.*
- *The speaker highlights the ethical dilemma of promoting a singular public health message without a solid scientific basis.*
- *The Great Barrington Declaration proposed "focused protection" for vulnerable populations rather than blanket lockdowns, arguing that children and the working class suffered disproportionately from such measures.*
- *Early data indicated that COVID-19 posed a significantly lower risk to children compared to older adults, suggesting a need for tailored responses.*
- *Lockdowns were criticized for causing long-term public health issues, including worsening mental health and reduced access to medical care.*
- *The speaker emphasizes that pre-pandemic pandemic plans did not envision widespread lockdowns, focusing instead on targeted infection control.*
- *There was a lack of timely publication and dissemination of critical data regarding the virus's risk profile and infection fatality rates.*
- *The conversation reflects broader concerns about trust in medical expertise and the long-term consequences of pandemic policies on society.*

I think John I I've come to see it as a broader thing than I'm about to tell you but I'll just tell you what I think it at least is and then maybe we can talk about the broader thing later during the pandemic there were two competing Norms of conversation and discussion public discussion first as the norm of Public Health in public health you there needs to be an unanimity of messaging right so you know if I as a Stanford Medical

School Professor come out and say smoking's good for you I've committed a sin I'm doing something really really wrong I'm going to convince people of something that is so clearly against the scientific evidence that will end up harming them if they believe me right so there's an ethic of even academics need to need to be careful about how they speak about public health matters because the public is listening okay then on the other side you have the norm

the ethic of academic freedom of Science of free discussion you need to have the ability to tell even you know the top scientists that they're full of BS because they might be the the the free exchange of ideas is absolutely Central to the progress of Science and in principle tenure is supposed to protect you against that now more broadly tenure sometimes doesn't do that in fact what it often does is there's this sort of uh I want to fit in more I want to climb

the social ladder even after I get tenure more and if I step if I criticize the high guy above me in the social ladder I'm going to get kicked off the ladder I'm going to be pull down a wrong or to right if I don't comply with what the NIH the National Institute of Health wants me to uh sort of the Paradigm they want me to think when I apply for a grant I won't get the grant right so

there's some other mechanisms of of social control within academics but in principle it should be possible to say to the World At Large this scientific idea is wrong and here's what the implication is and here's what an experiment shows that contradicts what the conventional wisdom is that's how science advances so you have two compet ing ethics in the middle of a pandemic on the one hand you have the ethic of Public Health messaging which is unanimity and on the other one hand you

have the the ethic of Science and academics which is free willing discussion and they clashed during the pandemic the problem is that that the scientific basis for the the ethical Norm of unian messaging it has to be just an absolute unanimity of science science behind it right there's very very very few people who uh who legitimately in fact I don't know of any that would legitimately say that tobacco doesn't cause lung cancer right and so there's an ethical basis for the ethic

of nor un messaging in that setting but we have a pandemic when there's a tremendous amount of discussion a tremendous amount of of of of questioning about the policies and the science for a new virus that's come up out of you know you know come up out of not nowhere but you know we can talk about that too um but uh the point is that that of course we don't have unanimity in science because the science

has just started to like look at the thing and so on what ethical basis could there be to say there must be unanimity of messaging in public health when you don't have the scientific basis for that so I'm gonna I want to read a little bit from the opening of the great barington declaration I I was I was tempted to read the whole thing for those that hadn't seen it but I'm I'm not going to do that you should you know we'll put a

link to the great barington declaration in the com comments um and then I I want to come back because to me trying to understand who and how to trust medical expertise has become so damaged as a parent in particular what should we do for ourselves and for our kids has gotten so scrambled in the aftermath of covid that I don't know how we're going to recover and I I hope we'll spend a lot of our conversation

talking about that but first so this is from this was published in October of 2020 and it and it reads just the first opening sort of uh 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 in capital F capital P 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 and this was in October 2020 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 which I believe has played out 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 and what you go on to explain if and please correct me if I mischaracterize this in a summary that as of October 2020 was that

um covid-19 was essentially no more dangerous to our kids than influenza in fact it appeared to be less so and that its primary uh risk factor was for people who were relatively old with severe existing pre-existing conditions so if you were in your 70s or later um maybe you can push that down to 60s but if you were basically of retirement age and had other conditions such as heart disease diabetes etc etc you were at

risk and so what we should have done with our scarce resources is do everything we could to protect protect those people including making sure that the medical professionals they might be interacting with have gained natural immunity through exposure to the virus and basically let everyone else go about their life as usual the kids should go to school soccer games should continue even basketball games indoors should continue basically life should go on as normal we should achieve herd immunity

we're going to get there anyway um is that a fair characterization of what the proposal was yes that is a fair characterization um I mean it's it's striking the way that you put it John because the way that people like Tony fouchy put it was he read the same thing you did and called it a let it rip proposal but I don't see how that's a fair reading of that uh what we were arguing was exactly what you said how

can we better protect older people we'd already failed at that in October right we had sent uh co co covid infected patients into nursing homes that happened around the world if the principle of focus protection had been in place in March of 2020 no one would ever have thought to send covid infected patients to exactly the place where the most vulnerable people lived the instead the norm the idea of uh was that we have to stop this disease from spreading by

any means possible even if we harm the poor even if we harm children even if we harm the working class and that's exactly what we did it was like trying to stick our finger in a dyke and the the water comes just you know is is pouring over it what uh it was a it was a strategy doomed to fail in in its own aims which is to protect people against the disease you know tremendous numbers

of older people died anyways and it was almost tailor made to harm the future of our children harm the futures of the poorest people around the world there were estimates already by October 2020 that 130 million people were thrown into into starvation as a consequence of the economic dislocations caused by the lockdowns worldwide uh it was an immoral policy and that's why we had the grave concerns we had and that's why we wrote the Declaration I want to

just point out that you were not alone you this you co-authored along with Dr Martin cuor for professor of medicine from Harvard and Dr sonetra Gupta who was a professor of epidemiology from Oxford so Harvard Oxford Stanford you you didn't lack for credentials now I'm trying not to lose my mind as I

recount these things the thing that was so weird for me it it seemed like pretty quick quickly we knew that this thing wasn't as bad as it looked how I was revisiting my own Facebook posts and as early as Mar March I was like because we were all bored sitting at home and scared and reading about this stuff and I had sort of come across that it looks like what Sweden is appearing to do is probably what we

should all do but but what was known then going into this thing what was the state-of-the-art in response to something like this there had been SARS viruses in the past Asia had suffered through multiple SARS pandemics so what was the common knowledge in um 2019 that did or didn't survive into 2020 so the the pandemic plans the civilian pandemic plans did not Envision a lockdown of society at large it nothing like what we did uh the civilian

plans emphasized local infection control quarantining the the unhealthy maybe screening uh for fevers in in in high throughput areas and so on that that's how the first SARS pandemic was managed actually I don't think if we done done exactly that I think we would have done much less harm and I think that the disease would have spread marginally more quickly but I don't think a palpable difference would have made would have been made in disease spread

the main thing that uh we knew in 2019 was we needed a in the civilian plans was we needed a something that was tailored to the the specific epidemiology of the disease that was spreading and also that was mindful of the fact that you have to allow people to live their life or else if you disrupt it you're going to cause more harm than good just from a health perspective never mind the economy um that that was my understanding of public

the civilian plans for public health uh management of a of a respiratory virus pandemic in 2019 when the pandemic hit uh it was very clear from the earliest data that was coming out of China that there was a very steep age gradient in the risk of dying where where and it's exactly as you said John the young people children especially were at a very low risk of dying if they got infected again from the very early stage

of the pandemic lower than the flu whereas for older people it was a much more deadly disease than the flu older meaning and it's not there's no like single age threshold where you say okay it's it's a risk for above and not a risk below it's every seven years of age the risk doubles so for 50y olds in 2020 early 2020 if you got infected the the mortality rate was roughly two out of a thousand if you were in your 80s 90s it

could be five six 7 8% it could be a very very significant death rate if you were a child it was you know one in a million so you had this very very distinct age related gradient in risk and that was known in December of 2019 it was it was I mean I first saw those data I think in like late January 2020 um and so I knew for certain Martin CER published a tried to publish a piece in

early February 2020 where where he wrote up this age grent and couldn't find a publisher for it he ended up putting on his LinkedIn blog this is a Harvard statistics Professor epidemiology professor and so uh that was known very early what wasn't known in March of 2020 I think was two things one how widespread was the disease already how effective had been the infection control measures that already been taken in stopping the disease from spreading um

and two what was the average infection fatality rate so I wrote an oped in March of 2020 in the W Street Journal this first time in my life I ever wrote an opad I used to just write scientific papers for a living and the the oped said we don't know the answer to these two questions and it's critical right because if we're we're in the middle of locking down the entire world causing Untold economic harm and catastrophic

damage Public Health damage to the poor we Clos schools which was certainly going to harm the future of our children was was there any real warrant for it even leaving aside the harms of the lockdowns if the disease had already spread everywhere it been seated everywhere then what was the purpose of the lockdown if the disease had a low average infection fatality rate it was it then then what we needed to do was focus on the people that are highest

risk the older population and protect them and so I wrote this off bed that led to my actually running a study measuring how many people had antibodies to the virus in April of 2020 okay uh in Santa Clara County California and then Southern California in La we found the same answer roughly 3 or 4% of the population already had had the virus which doesn't sound like a lot but actually we just been on a lockdown for

you know month and some and there had been no that no there's no like from like first first glance it didn't seem to have stop the disease from spreading which is now not surprising given we know it spreads by aerosols and it spread very easily um and then two the the the the um the disease the infection fatality rate was two out of a thousand overall in the population that's the number we got uh a whole bunch of

studies came after us with independent research teams from around the world that replicated that result ours was right smack dab almost in the middle of all of the all of the other studies that have looked at this the disease are already spread and and there were for every person who had been identified as a case there were 50 people or 40 50 40 or 50 people walking around Santa CL County California or LA County California who had antibodies that

public health knew nothing about okay it really was like sticking your finger in a dyke right they we were like oh we've stopped the water coming out of that hole when the when the water was spreading around all around us if you like this clip you should check out the full video and all the other great content we've got at dad Saves

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