# Panicdemic: COVID-19 Panics Physicians, Policymakers, and Pundits, as well as the Public

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The U.S. is experiencing a new coronavirus outbreak, known as COVID-19, caused by SARS-CoV-2. The global death toll has reached 200,000 and continues to rise.

The media reporting and governmental response to the viral outbreak have been unprecedented. Our collective response has been tragic, and more concerning than even the virus itself. If despotic government overreach is not turned back, the result could be a new, enduring totalitarianism.

Let us consider the three pillars of a stable society and how each of these pillars (medical, legal/civil, religious) has responded to the virus

**Medical Considerations**

Coronaviruses have been known in the U.S. since their discovery more than 50 years ago. Certain strains of these viruses infect humans, while some tend to infect animals. It has been shown that these viruses may have the ability to jump from animals to humans and vice versa. Previously, these viruses rarely caused death in humans; they are often cited as a cause of common colds. COVID-19 in most cases acts in the same way, but it can be deadly, especially in the elderly and the immunocompromised. It hits these populations fast and hard. Nonetheless, even in Italy, where the virus has killed thousands, nearly 75 percent of patients over age 90 recovered.[1]

COVID-19 differs from the influenza epidemics in 1918 or 2010; those epidemics involved all ages. Most young people are spared serious illness from COVID-19.

In the absence of a vaccine or effective treatment, we have only a public health approach—non-pharmaceutical intervention or NPI. This involves shielding those at high risk until the virus has run its course through the country and population ("herd") immunity has developed. Persons with cancer, lung disease, immune deficiency disorders, or advanced age should isolate themselves to the best of their ability.

The media constantly highlights statistics on the number of exposures, serious illnesses, and deaths. Scary projections from flawed models incite panic and despair. One model by Neil Ferguson of the Imperial College London predicted as many as 2.2 million U.S. deaths.[2] Estimates by the Institute for Health Metrics and Evaluation (IHME), the main consulting organization that has been advising the U.S. Coronavirus Task Force on the predicted course of the epidemic, were much lower and ever-changing. In early April, the model projected nearly 94,000 deaths by late summer. A week later it put the toll by August at 60,400—a decline of 36 percent from the model's previous estimate.[3]

For comparison, here are approximate annual U.S. deaths from other leading causes:[4]

- Heart disease: 650,000
- Cancer: 600,000
- Accidents: 170,000
- Chronic lower respiratory disease: 160,000
- Stroke: 146,000
- Influenza and pneumonia: 56,000
- Suicide: 47,000

Accurate figures for COVID-19 deaths are not available. Task force member Dr. Deborah Birx stated on Apr 7, 2020, that patients who died of other causes might still be counted as dying of COVID-19 if they had a positive test at the time of their death.[5] Because of delays in data reporting, it will be months before we know whether all-cause mortality for the year is unusual.

Information on the sensitivity and specificity of tests for SARS-CoV-2 has been incomplete or conflicting. Some doctors have simply decided to treat suspected patients with azithromycin and hydroxycholoroquine, as testing was not available or perceived as inaccurate.

Because of the lack of testing kits, the total number of those who have contracted COVID-19 is much higher than reported, as most COVID-19 infections are mild or not even felt by patients.

Predictive modeling is meaningless if based on unreliable data. The Chinese communist government has lied about the epidemic from the beginning. Numbers from Italy may be more reliable, but can we assume the U.S. will go the way of Italy? Italy has the most elderly population in Europe, a high rate of smoking, and in northern Italy the highest concentration of Chinese workers, who frequently travel back and forth to home.[6]

Despite these observations, the medical community has seemingly panicked to the same extent as the general population. Helpful and necessary therapies and evaluations have been denied to millions, citing concerns about spreading the virus. Many clinics have been closed out of a misplaced fear that they would spread the virus if they stayed open. Other clinics that desired to stay open had to close because they could not obtain stocks of necessary supplies, owing to hoarding and panic. How many strokes, heart attacks, pneumonias, cancers, fractures, etc., will be missed or untreated because the medical community has been afraid to go to work? How many suicides and drug overdoses will result from our current policies?

Telemedicine is being used as a response by those health professionals fearful of getting ill or of infecting others, but there is no substitute for face-to-face interactions with patients. A little common sense could go a long way: Patients with cough, fever, or bronchitis could be treated over the phone or in a protected setting. High-risk patients should be isolated if they are doing well, and their routine health appointments should be re-scheduled. Those who are otherwise healthy but need physical therapy, routine evaluations, follow-ups, orthopedic surgery, etc., should get

them if possible. There is no need to stop seeing a 12-year-old for her acne if she has no other medical problems and the doctor is low-risk.

Most people do not get COVID-19, even if they are exposed to confirmed COVID-19 patients or travel to high-risk areas. The vast majority who are exposed are asymptomatic and may test negative. Why? Most likely, these patients have pre-existing immunity to the virus *from previous exposure to COVID-19* or have cross-reactive immunity from being infected by related coronaviruses, which cause the common cold. Many people have stated that they suffered symptoms of coronavirus earlier this year, before awareness of this diagnosis. Without widespread antibody testing, we cannot know the extent of this immunity. A sufficient number of such persons ("herd immunity") block the spread of the virus, and the epidemic dies down

**The Public Health Response**

U.S. public health authorities have pushed for containment and mitigation. President Trump tried early to keep the virus outside the U.S. with a ban on travel from China. However, this did not prevent entry, for example, of a French businessman who visited China in January, returned to France, and then came to the U.S. from Europe. Containment did not work; the virus was documented on American soil by the end of January.

Mitigation is the concept that slowing the spread of the virus will blunt the surge of cases and prevent hospitals from being overwhelmed with seriously ill patients. Mitigation efforts have included ordering people to stay in their homes, closing "non-essential" businesses, and restricting where people can go. This may have had no impact on the virus, as these mitigation efforts are incomplete. For example, in Michigan, people were told to stay home except to go shopping, to go to essential work, and to exercise outdoors. Exemptions included Walmart, Home Depot, pharmacies, grocery stores, and liquor stores. The big-box stores were full of bored, scared, unemployed people. Viral spread is possibly very high in these stores. Also, fast-food restaurants have been busy with drive-through business. One asymptomatic window cashier could potentially spread the virus to dozens of carloads of people.

Not all states had massive lockdowns. As of Apr 5, these states (Arkansas, Iowa, Nebraska, North Dakota, South Dakota, and Utah) had no more COVID-19 deaths per million residents than neighboring states with lockdowns.[7]

Efforts at containment and mitigation have failed. They cannot be complete. Our borders are thousands of miles long. Our population needs to eat and get medicines and other necessities. Even totalitarian China could not contain the virus in Wuhan. The mitigation efforts have, however, done untold damage. This includes delayed or denied medical care; job and business losses; increased suicide from prolonged sequestration; and damage to hospitals and medical practices from lost revenue. No country can adequately fight an enemy like an infectious disease without a working economy.

Epidemics end when the population develops immunity. This happens when healthy people get exposed to the disease and recover. With COVID-19, schoolchildren have virtually no risk of death, and healthy workers a very small risk. If they become immune they are a wall that stops the virus. If, however, they are locked down now, they remain susceptible and likely to infect vulnerable people later, when precautions are lessened.

**Legal and Civil Liberties Considerations**

Many are more concerned with what is happening to American society than with what the virus will do to us medically. Bad government policies imposed on us have led to economic destruction on a scale unprecedented in most of our lifetimes. State governors have been in a race to see who can cause the most dramatic removal of basic constitutional liberties.

Some states have police officers pulling people over to quiz them about where they are going. Some businesses have printed papers that their employees carry to show they are going to work in an essential business. All of this is reminiscent of Nazi and communist state control of people. It seems to be working; with their willing accomplices in media, Americans seem eager to exchange their freedom for what they believe to be security and safety. What they do not realize is if this is allowed to continue, they will lose their security, their safety, and their freedom.

On Apr 7, Dr. Deborah Birx stated: "And now we see, across the globe, people mitigating against this virus, realizing that their own behaviors can change the course and future of this virus in their communities, which is really astounding: *the power that gives us* to actually understand that we can compete against this virus and do well [emphasis added]."[8]

Officials do not ask the question: What type of precedent will this set? What will happen with the next epidemic? Will we lock down the economy for the next outbreak of influenza?

What we are seeing is what works to corral people into almost total submission; it is taking about a month.

**Religious Considerations**

Because of panic about the virus, most churches have closed, instead of being increasingly active in this time of trial. President Trump announced a National Day of Prayer for this virus, but where were our church leaders? Where is the call for prayer, repentance, and mercy?

Hostility toward religion is on display by numerous governors and local officials, who even threatened worshippers attending outdoor services in which people sat in their cars with closed windows. Asking people to stay home if sick, enforcing social distancing, and other common-sense measures might suffice for liquor stores or big-box retail outlets, but apparently not for churches. Our liberty to worship, or to assemble for other purposes, is under assault, with little pushback so far.

**Conclusions**

Unprecedented restrictions on human movement and activity were placed because of a novel, highly transmissible disease with very severe consequences in some patients. Even as initial models predicting millions of casualties proved

flawed, panic continued. Despite devastating economic consequences, most Americans have so far accepted extreme government intrusions into daily life, without even demanding evidence of effectiveness. Are we in a post-Christian, post-science society, manifested by unquestioning submission to political authorities, even by religious leaders, physicians, and scientists? Will love of liberty reassert itself with demands to respect our rights and restrain arbitrary, capricious, destructive acts by government?

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# Restore American Medicine by Re-Connecting Patient with Physician

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American medicine is failing both patients and their physicians. Fundamental change is needed, but the federal government tweaks financing and adds mandates, and never deals with the root cause: breakdown of the patient-physician relationship.

## Signs of Failure

In 2018, the average American family spent $28,166 on "healthcare."[1] More than 80 percent went to insurance companies, not to physicians and other practitioners.[2] For the vast majority of Americans who are healthy, this expense devoured one-third of total family compensation.

American patients often have great difficulty accessing timely care. Death-by-queueing—preventable demise while waiting in line for care—has been documented in both Medicaid and military populations.[3,4]

The system harasses physicians with onerous, time-consuming administrative tasks, increasing regulatory burdens, and an immediate guilty verdict when there is an adverse outcome, even when the doctor has done nothing wrong.

The two primary rewards, financial and psychic, for being a clinical physician are vanishing. A doctor's income is now decided by a third party, not by the physician, while the federal government constantly lowers payments in reimbursement schedules.

Doctors and nurses will tell you the real reason to go through all that schooling, training, time, and expense is the psychic reward of being a healer. The combination of government control and third-party payments has nearly extinguished that good feeling.

Many clinicians are no longer willing to work under these oppressive conditions. The increasing doctor shortage is more than just "troubling"; it is becoming critical.[5-7] Dr. Kevin Pho explains, "Sadly, there are many physicians who love their patients, and love being their doctor, but are fed up with extraneous roadblocks that make it difficult to do the job. A new electronic health record. An uptick in insurance denials. Increasingly onerous board certification maintenance requirements. Fewer support staff. Decreased reimbursements. More metrics measured without any demonstrated benefit."[8]

The system is also failing in terms of quality and access.

## The Source of Failure

The root cause of failure is the extension of third-party control into the practice of medicine as well as its financing.[9] The interposition of a third party, whether government bureaucrat or insurance executive, disconnects patients and doctors.[10] Patients have lost their right to choose their care or decide their spending. Doctors cannot choose their patients' care or what they will be paid.

Though physicians are legally responsible, they do not have the requisite authority, and quality of care degrades.[11] Pharmacy benefit managers (PBMs) tell doctors what drugs to prescribe and which ones they cannot use.[12] Government clinical algorithms must be followed even when they go against the doctor's superior judgment. When bureaucrats displace physicians and practice medicine, patients die