



Episode 1,758: The Lockdowners' Crimes Against Humanity

Guest: Nick Hudson

WOODS: I'd like to start off with a little bit of your background before we get into the organization. Tell people who you are and how you got involved in this.

HUDSON: Well, the who I am part is easy. I'm an investor, a private equity investor based in Cape Town. And the how we got involved part is a little more complicated. We were a bunch of friends looking with a little bit of concern upon the emerging story of COVID starting in China, then devouring the Diamond Princess data, as many people did. They're actually a lawyer, a doctor and a data science friend of mine. And we were looking at it from an investment point of view, from a general curiosity point of view, and getting a little unsettled about how the whole thing was being blown up. And as we came to understand the Diamond Princess information, we realized that this wasn't really going to be a big story. And that was half right and half wrong, because as it's turned out, as everybody knows now, the actual epidemic has not been a big story, but the reaction to it has been obscene, I would say.

And as time went by and South Africa went down the path of many other countries into a very draconian lockdown, which was meant to be three weeks originally – you know, only three weeks to get the hospitals to prepare – that went through at three weeks, was renewed, and has been renewed every month since. We are now over 200 days of lockdown, the economy destroyed, the country in tatters. And we've had a very small epidemic.

But the whole story was filled with all the usual features that have played out in so many places, overwrought models, some crazy behavior wherever you look, whether it's in the public sector or the private sector. And as that started ramping up, we decided that something needed to be done. A couple of weeks of sort of anxiety, realizing that this was going to be a very, very bad and destructive story, so we started mobilizing and actually getting a little more serious about this.

At this stage, lockdown was very popular in South Africa. Everybody thought it was the bee's knees, and so it was a very difficult subject to approach without getting your head chopped off immediately. And the regulations that were rolled out included prohibitions on what they referred to as fake news about the epidemic, so we looked at the situation and had to think about how to approach it.

And we did so by putting together a paper that we thought addressed a lacuna in the whole approach, and to assess the negative consequences of lockdown. The paper was called "Quantifying the Years of Life Lost to Lockdown," and it invoked standard insurance techniques to translate loss of income into mortality consequence. And we published a paper

in short order and sent it off to the president and all his ministers, just pointing out to them that they needed to think carefully before they reacted very strongly. And that we followed up with quite a strong media program. We hired some communications consultants to help us get that out into the public domain.

And the rest was a bit of history, really, because what happened then was as our lockdown progressed, we got more and more serious about our activities. We started conducting more and more work. We added a lot of people to the organization. We studied the inter-country differences in epidemics, locating the causes and trying to assess whether lockdowns were at all effective. Short story: they aren't.

And after months of this, we realized that it wasn't about the science, this was all about the politics, and that the only thing that was going to move the South African government was pressure from abroad. So we started internationalizing our organization, the name of which is PANDA, which is a portmanteau for Pandemics – Data & Analytics. And we established a scientific advisory board. By then we had connections with Professors Gupta, Bhattacharya, Kulldorff, and Professor Michael Leavitt. More recently, we added Sucharit Bhakti. So we established a scientific advisory board and brought in a whole lot of scientists, data scientists, and writers into our group to move our efforts abroad.

WOODS: Wow. Well, that's quite a story. Now, it turns out that, unfortunately, the trouble with trying to bring international pressure is that the other countries are also crazy. Now the thing is, at this point, they've been so crazy, that even the tiniest glimmer of common sense gets me unjustifiably excited. So for example, over in Europe now where they're having a so-called second wave, it's obviously less lethal than the first wave, although you can't get the hysterics even to acknowledge obvious facts like that. They just see a big mountain of cases and that's all that matters to them. But in Spain, my understanding is that they have decided not to return to the hard lockdown that they had in the past. Looks like Belgium is thinking along the same lines, that maybe we're going to have to cope with this some other way. Do you think that that kind of point of view, as halting and inadequate as it is, is very, very gradually starting to take hold here and there?

HUDSON: I'm an inveterate optimist, so I'd like to answer yes, but I don't proceed in life with the assumption that things are going to pan out in a dandy way. So we are working very hard to make sure that this approach of – you know, that the NPIs, the restrictions left, right, and center on liberties, costly restrictions, aren't perpetuated. I mean, after 200 days, you can understand. You can give us a break for behaving I would say conservatively in this regard, because we sit in South Africa with an international tourism industry which is still severely restricted, any number of small businesses which are hugely restricted, whether it's by direct restrictions on their operations or via indirect impositions of crazy PPE requirements or reporting requirements or social distancing requirements. So it's really still a very big problem. I mean, the South African economy has been through the wringer. We've lost around two and a half million jobs out of 16 and a half million, so it's 15% reduction in formal employment in a country of 60 million people. It's really serious stuff. The government's incapacitated. So it's a tragic story, and we just had our state of disaster renewed again yesterday for I think the seventh time.

WOODS: What's the number of deaths you guys have had?

HUDSON: The official number's around 17,000. I mean, the usual story includes a lot of deaths *with* rather than deaths *from*, and there's been a slew of excess mortality over and above the official COVID deaths, which we attribute to the lockdown itself, with all the denial of service that went on during our very, very harsh early stage of our lockdown.

WOODS: Let's talk about that paper that you say you guys wrote. Is that something we can read on your website?

HUDSON: Yeah, the website's with all our peppers. We've published several. I mean, the first one was really a simple exercise in using, as I said, insurance mathematics. Just do the calculation. If you take people's incomes away, what happens? And in this context, I guess I'll point out to your listeners that South Africa is an emerging economy, a developing economy. And what that means is that you have a huge mass of people who sit in a position in society that you can describe as only slightly above poverty. So if you start beating up their incomes, they've slipped down into very difficult situations very quickly. And that has a mortality consequence all of its own.

And so we performed calculations using reverse engineering, standard insurance mathematics. When you write an insurance policy, you've got to have a look and see what income the person has. That's been done for more than 100 years. And you factor that into the mortality calculation. Now, you can reverse that calculation and make it flow in the other direction and go from the change in economic impact to change in mortality. We performed such calculations, triangulating on the answer from a couple of directions, and came up with an estimate that the mortality consequences of the lockdown would exceed the then-expected mortality consequences of the epidemic by a factor of 30. So it was really it was a no-brainer. Lockdown from a cost-benefit analysis, a purely utilitarian perspective, was a nonstarter.

And then we did another paper where we took all the data in the world, really, all of the epidemic data, and then we scraped left, right, and center looking for factors to explain this observation that there are these absolutely stark differences from one country to the next in mortality. And we found the standard answers that would surprise nobody. Age makes a big difference. Comorbidity prevalence makes a small difference. Obesity as a standalone factor makes a difference, obesity prevalence. But pretty much everything else we looked at was not explanatory, not associated, and therefore not causal.

And we were quite surprised at that point when we did the analysis to find that lockdown, it wasn't that it had a small effect; it had no effect at all, even the suggestion of a negative effect on COVID mortality. We weren't expecting that. We were actually expecting there to be some benefit, but the numbers don't lie. And that analysis has since been repeated by researchers in Sweden and the UK. They've copied our technique and come up with exactly the same answer.

So we had observed already – I will say this – that these profound effects that the modeling teams expected from lockdown were definitely not visible. And that was a finding you could make in March. You expect there to be what in statistics is called a regime change, where the epidemic distribution is shifted as you enter or leave lockdown or change its severity. And there have been obviously hundreds of such events worldwide, and whichever one you look at, there's no discernible positive benefit from implementing a lockdown, and there's no discernible negative impact when you release them. And that was, as I say, really evident

from the early countries that triggered in Western Europe. You could see it already then, but it's since played out all over the world. Lockdowns simply do nothing.

WOODS: You first reached out to me after I ran an episode with a guy named Gret Glycer, who runs a philanthropy app called DonorSee. And he spent three years of his life living in Malawi. He's an American kid.

HUDSON: Yeah.

WOODS: Not "kid." Probably maybe he's 30 now. But he was talking to me specifically about how hard the poorest countries would be hit. Now, I understand your point about the state of South Africa, but there are far poorer countries even than South Africa, where there are regimes that have wanted to lock down, where the consequences would be still more catastrophic.

HUDSON: It's insanity. I mean, in those countries, they've got very young populations, and I mean, the really salient feature, as you, about the coronavirus epidemic is there's a thousand-fold difference in mortality between the very old and the young. And so if you've got a country where the life expectancy is in the 50s, you don't have a massive group of old or severely comorbid people. The way I've expressed this in the past is that all the susceptible people in those countries are already dead. So they will have a very light COVID disease burden, and to shut their economies down is genocide. There's no welfare system, and the stories are just stomach churning, just terrible, tragedy. You take people who are in any event living just above subsistence level or at subsistence level, and then you start trying to restrict their mobility, it's really profoundly negative.

And these things, I mean, the World Health Organization should know better. They do disease burden studies all the time. And what is a disease burden study? You're trying to look at the impact of a disease on an economy. It's very easy matter to reverse the direction of that study and go from impact on economy to disease burden. And they simply didn't do those calculations, even though they know very well how to. And for me, it's just an absolutely mind-blowing disgrace that the World Health Organization didn't come out very early on and say: listen, our standard science, our standard approach to quarantining the healthiest, that you simply don't do it. And those were the World Health Organization rules up until January of this year, and also the policies of the CDC and many other health authorities. We don't do quarantining if they're healthy. And they should have come out strongly in the beginning and said this is not the way to go. But they didn't.

And in fact, they did the exact opposite. They praised these developing nations that launched hard lockdowns, and in fact, put a set of rules in place, a set of six rules, each of which in our estimation is an impossible target to meet in the case of a widespread contagion like COVID, a very mild, general background prevalence that's very high. And they put these rules in place that countries should meet in order to release their lockdowns. More recently, there's been a little bit of ambivalence with David Navarro coming out and saying it's the last thing you should do, but it's all a little bit late. And there were very strange things for us when the envoy was in New Zealand, telling New Zealand that it shouldn't entertain a hard lockdown. There was an envoy visiting South Africa and they said nothing, and so we've continued with our state of disaster in a milder but nonetheless present lockdown.

WOODS: Much of what I do is aimed at persuading people of various things. And the presumption behind such a mission is that it's possible to persuade people if you employ reason and you make the strongest argument you can. And this phenomenon that I've lived through, the most bizarre phenomenon of my lifetime, observing the lockdowns and people cheering the lockdowns, cheering the destruction of their own lives and livelihoods and being upset if anyone complains about it, makes me think it's almost not worth trying. If mankind is this absolutely hopeless, then maybe the strategy should be: protect yourself, protect your family. If everybody else wants to ruin their lives, they've made their decision. And I hate to hear myself say that, but I don't know what else to conclude from this. I refuse to believe people are acting in good faith here, because they're not even listening to the other side.

HUDSON: Yeah.

WOODS: And the other side, which is us, is stating things that are so obvious, that should be crystal clear to people, and they won't listen, and they carry on in the most destructive public policy in world history. And they do so while preening about their moral superiority. It just makes me think, okay, you know what? Then you people deserve to have your lives ruined. If you're going to cheer for that, you deserve it.

HUDSON: Yeah, I couldn't agree more. I mean, what this whole story has really laid bare is the profound commercial and scientific illiteracy of populations everywhere. It's not just a developing world problem. Even in developed nations, you've got a chorus of people who are seemingly oblivious to the realities of economy and science. And this whole story that that people on our side of the table are the ones who are not following the science and need to be cancelled and shouted down is itself a manifestation of a poor understanding of science. The scientific method proceeds by conjecture and refutation. If you're not allowed to make conjectures, then there is no science.

And I see it as a very complex phenomenon and arrival point. We have for decades observed our universities being taken over by postmodern thinkers, critical theory types, for whom reason itself is not something they really care to tangle with and for whom the whole world is written in terms of power structures. And I think they look upon people who disagree with them as people who need to be beaten down. That's how the game is played. And so you get the censorship and the restrictions on free speech, these rules against contesting the World Health Organization or any national health institute and so on. And so it's a real history of very bad philosophy going on at the universities and very bad science, as well, on the back of that, I think, and then also just a degree of illiteracy in the population, and ineptitude on the account of the politicians. I don't think they're, for the most part, trying to do harm, but they are certainly inept. At the very least, they're inept.

WOODS: Also that they would portray themselves as the ones following science when their analysis is preposterously simplistic. They're not even going to consider that there might be consequences to what they do outside of the COVID world? They're not even going to consider that there are tradeoffs, that the world is slightly more complicated than their one event model? The one event is COVID, and then the response is supposedly anti-COVID. I'm not even convinced that they're doing a good job of that. And there's no sense that there might be — you shut the world down, and then you bring it back, and then shut it down, and then threaten that you might shut it down again. You're destroying societies everywhere and it doesn't occur to you: maybe I should consider what the consequences of destroying society might be? It's unbelievable. And then to have them lecture you about being unsophisticated is

the real kicker. Now, you have what you call the PPE of lockdown, but by PPE, you're referring to politics, philosophy and economics.

HUDSON: Yeah, we do.

WOODS: Yeah, talk to me about that.

HUDSON: Well, as I say, I mean, we locate it all in a very bad philosophy of science. I mean, this whole idea that you sort of throw out a model and then don't make the slightest effort to check whether the model's assumptions dovetail with reality. And when they're don't you, you claim that the difference was because of the fantastic rain dance that you did, the lockdown or the mask wearing, the wearing of cloth masks, or whatever the case may be. That sort of breakdown in scientific method is very basic.

And it's poor philosophy of science going on. We describe it as a very empiricist approach where you go, *Well, there's not enough data yet, so we can't do that kind of analysis. No data.* Or to use the World Health Organization's classic line, "there is no evidence that." That's how they seem to start with every observation they make about the epidemic, which is itself just a profoundly bad way of going about things. What you do is you make the most logical or sensible conjecture you can, the most creative conjecture, the one that seems to fit as much of the observations that you have, and you proceed from there, trying to falsify it and improve your explanations. But these guys kind of just made things up. Their models are like ant farms. They're just complete whimsical trips with parameters sucked out of the sky.

And in our case, our models overestimated the hospital demand by a factor of 20. And that was three months in. So the initial model was even worse. They were probably 100 times, two orders of magnitude out. And then after correcting, came down to 20 times out. And you can imagine the squandering of resources that went on as everybody scrambled trying to generate enough hospital beds and build field hospitals and so on. And none of them were occupied. None of them were utilized. They got the peak of the epidemic wrong.

I mean, we have this fantastic situation where we went in – we were actually invited into the government's modeling symposium. And we were very pleased. It was in May, so months ago, and we made our points. We said you guys are using infection fatality rates that are too high. You're assuming susceptibility that's four or five times more than what's observed in the wild. And the consequences are going to be dramatic overestimates. And we made our points very clearly. They were reported in national newspapers and in other media. And we thought, okay, at least we've been heard now. To be invited into such a symposium, you'd expect to be listened to. But a few days later, the modelers came up with a model that was actually even worse in terms of how wrong it was.

And we also said to them, *Listen, your peak is in the wrong place.* These epidemics, when they get going, ramp up very quickly and then drop off very quickly. And they came out of the model that, instead of peaking where we were thinking it would be and where it actually did peak, which was in July for South Africa, they were projecting a peak in October, and resourcing for the purpose and locking down for the purpose. So there is a real story of bad philosophy of science going on. They don't absorb explanatory science. They take a very data-first, explanation-later kind of approach, which in my mind, went out in the 19th century. So that's the first problem.

And then there's the politics, which I think you've captured very well. I couldn't improve on your explanation, Tom. There's a kind of tribal violence game that is played, a suppression of free speech of the other side, rather than engagement in the world of ideas. And I think the economics, well, do you need to look much further than people who believe in modern monetary theory or literally printing money to solve the problem of not producing anything? It makes no sense. We're talking about intellectual midgets who are proposing these things.

But the way I look at it is there's a narrative. And then the narrative is: there's a new virus. It's a deadly virus. We're all susceptible to it. If we don't lockdown and wear masks, we all going to die. Even when you're recovered, you can get it again. And even if you have an asymptomatic case, you can have long-term effects. And so it's a chain of 10 or 12 statements. And the astonishing thing about it is it's not that there's one weak link in the chain. Every single last element of that chain is totally incorrect and contradicts the science. And that is just the astonishing thing here. The whole story is bogus. From beginning to end, every little step is bogus.

And the real story? What is it? We've got a relatively mild virus for the most part of the population. In fact, milder than the flu for most people, slightly more severe for the very old. It's not a new virus. It's an individuum of an existing virus, not a new species, and therefore, we have T-cell immunity that protects many people in the population. If you get it, your B-cell and T-cell memory kicks into action and gives a protective effect that lasts for a long time. There's nothing exceptional about the disease in terms of long-term effects relative to other diseases that we live with very happily – well, not happily, maybe, but live with consistently and without locking down and wearing masks. So the whole story, every single element is untrue. And then at the end of it all, when you complain about the effects on the economy and what damage that does to people's lives, livelihoods, they turn around and say, *Don't worry, we'll print money*. You can't make it up. It's just a ridiculous fairy tale from beginning to end.

WOODS: What can the general public do to help your mission?

HUDSON: Well, we're organizing very rapidly. So we're adding people all the time. So we reach out continually to people who are on our side of the story, and if you have something to add in terms of an ability, whether it's in data or social media or in writing, and we're adding people from countries all over the world, from the United States, from Hungary, from Argentina, from Colombia, from Switzerland, the UK. I was on a call today with people from Portugal who are joining the effort.

Then we are looking for funding, because some of the work we do does come at a cost. So far, we've managed to do everything we've done without a sense of external funding other than speaker's fees. I was charging very modest speaker fees to talk to corporates and private organizations. So we are in the process of setting up a crowdfunding platform. People can look out for that if they're keen to support our work.

And otherwise, just generally boosting us on social media. I'm on Twitter. @NickHudsonCT is my handle. And our organization's Twitter handle is @PanData19. That's also our Facebook handle. So just amplifying the voice on Twitter. We are also a very open organization. We've been helped along by people who've seen us making the odd little error, and we're not in the dig-in-and-batten-down-the-hatches kind of mindset. We will simply change our explanations

the moment we realize we've been wrong. So anybody who sees our commentary going adrift, we like to hear from them.

And then also, I would ask people to support the Great Barrington declaration and our three advisory board members, Professors Gupta, Kulldorff, and Bhattacharya. They're doing enormous work right now. It's grueling. They're on 24/7 interview duty, it would seem, and I think they're doing a great job. And their role here is extremely important. If we are to regain the territory of open science, it's people like them that need to be backed. And Professor Leavitt. They've been very brave in standing up in institutions that are probably not too comfortable with the views they're taking and certainly in a profession that's dead against them. And people like that, you've got to take your hat off to them and really come out and support them, I think. Talk to politicians, talk to your local organizations.

I mean, we're doing two things to help in that regard. We've got a network going called PANDA Doctors, and so if there are any medical people listening, their membership to this organization would be great. The idea is to support doctors who are speaking out against the malarkey. And we set up another network called PANDA Lawyers, designed to support those doctors who are often the victim of attacks, legal attacks, or attacks through their professional institutions. Pro bono work from these lawyers will go a long way to helping these guys, because they're often clueless when it comes to responding to such actions. They're not familiar with their own professional codes, and there often are ways to defend them.

And we've had to do that in our own country. We've come under attack from our own professions, and I've had very, very strong support from a local law firm in addressing those, and without that we would have been shut down. But once you learn how to do it, once you learn what the tricks of the other side are and how to respond to them, you can help people. The technology is portable. And so we're doing that already. We're helping doctors and other countries with the little fixes they get into when they say such things as *T-cells exist* or, you know, *We have immune systems*.

And so those two networks, PANDA Doctors and PANDA Lawyers need a support. Any growth in membership is good, because there's some safety in number, and we think that's part of the battle here, is to just get a large-enough voice, a large-enough body of people behind us so that we become a voice that has to be listened to.

WOODS: Tell people the website.

HUDSON: Our website at the moment is PanData.org. We will be coming out with an international version of that in the next few days, but you're safe going to that link PanData.org. And our Twitter handle and Facebook handle, PanData19. And yeah, follow us and contribute to the effort.

WOODS: All right, well, I'll put that on the show notes page, put the social media link, and then also the link to GBDeclaration.org for the Great Barrington declaration. I'll put all that at TomWoods.com/1758 for people's convenience. Well, thank you, Nick, for your time and for doing this. No one is requiring it of you. You're doing it because you're one of what turns out to be a much smaller number of sensible people in the world than we thought existed, but you are one of them, and you have a sense of mission and duty. And we're grateful to you. Thank you.

HUDSON: Thank you very much for having us on the show, Tom. It's great to get the exposure, and yeah, really it has been fun talking to you. Thank you.