



Episode 1,779: Lockdowns on Trial

Guest: Michael Betrus

WOODS: All right, well, you have got — maybe it's tied for the first book on this general topic, with Jay Richards' coauthored book, *The Price of Panic*. But in particular, you're focusing exclusively on the lockdown question, and this is something that, if we have any sense, is going to be studied very deeply for a good, long time after all this is over.

BETRUS: It should be so.

WOODS: Yeah. I mean, we've never experienced anything quite like this. Even the deprivations that people suffered when they were ration cards during World War II, well, I still think that that was less of a dystopia, because at least I know World War II was occurring. I know the basic contours of what's going on. And I know World War II will have an end, and there won't be any more ration cards, and life will go back to normal. This thing is very, very hard to get a handle on exactly what the metrics are and when we're going to declare victory, and the numbers are all crazy, and the PCR testing is loopy, and all that. So first of all, what is your background, and how did you get into this topic?

BETRUS: So prior to COVID, prior to 2020, I've written 15 business books, mostly career reference guides published by McGraw Hill. And I was kind of recreationally following this really like everybody around the world, and I was particularly following the two cruise ships back in February and March. And the second cruise ship, the *Grand Princess*, that was out to sea for four or five days off of California, I'd actually been on that cruise ship on one of its first couple voyages about 20-some years ago. And so it was a little more interesting, if you remember when that was porting in through the San Francisco Bay, it was kind of covered like it was the Bronco chase, right? And what was interesting was it docked and nothing really happened. And I thought, that's strange. They had it locked down, and there's been a lot of hype, and it's a predominantly elderly population on a cruise ship. And so that sort of passed.

And then about ten days later, the Imperial College released their model that predicted in a do-nothing scenario, we would suffered 2.2 million deaths by summer. And I thought, whoa, that's huge. That's very serious. But it was still hard for me to reconcile with the cruise ships, and so I took the model apart, and I found on the land set all the demographic data from the two cruise ships. I did some of my own math. We should have had 155 deaths on those cruise ships if that model was right, and we ended up having 10. And they were all elderly, and some of them were with comorbidities.

And so it was clear in that type of a scenario — it was a do-nothing scenario. It was self-contained. There was no doubt that that would be about the best scientific experiment,

which it still is today. And so then I thought, oh, this is getting nuts. California locked down first; Illinois and New York followed. And then I was searching online for some information. I thought someone's got to be seeing what I see, right? And I wasn't on Twitter yet, and I couldn't find any articles on it. And then I went to several people in the news that I trusted. I still didn't really find anything. This wasn't on Twitter, by the way. I just went on websites; I wasn't on Twitter.

And then I found somebody on the news that retweeted a guy named Alex Berenson. And Alex had tweeted out like crazy in late March. And I fact-checked some of his work to get comfortable with his message, and it all checked out. It always says checked out. So I popped Alex an email and congratulated him on being somebody that just saw some reality here. And then a few days later, I just sat down and decided, well, we have 40 million people unemployed. Because of my background writing business books, that's what prompted me to sit down and write the first edition. The second edition actually just came out a couple days ago. But that's what got me going on this.

WOODS: These days, it's like you can't even have an opinion on something unless you're an epidemiologist or a virologist or something. Just completely ridiculous. Why would an epidemiologist have any particular insight into the, let's say, economic and other consequences of, for one thing, a policy that's never been implemented before and never even been advocated, much less implemented? Why would they have any particular insight? What class did they take that teaches them how to analyze something like this?

BETRUS: So you're exactly right. So if you listen to Dr. Fauci or you listen to Michael Osterholm on Biden's team and you listen to Tom Friedman, and — you know who all these guys are. So if you listen to them, if you were only trying to mitigate the virus to an absolute zero with no consequences of lockdowns, you would follow them. But unfortunately, everything about life, life and society, is a balance of risk and consequence. Everything is. And so all the people that have the biggest microphones in the mainstream media, they really only talk about one side. They don't talk about the collateral consequences in terms of deaths of despair and things that have gone untreated, things that have gone undiagnosed, 30+ million kids that are losing a year in education. I mean, the list is endless. And really, the majority of Americans and probably people worldwide only kind of hear one side of that.

WOODS: All right, I want to start off actually with I think the toughest material. I think it's not that difficult, even if there's still a lot of people who need to hear it and get it through their thick skulls, to understand the problems with lockdowns in general that we've seen in the Western world, yes, but even more severely in the developing world. I think it's hard for somebody to deny that imposing lockdowns in people living hand-to-mouth existences is a really, really bad and deadly idea. So that up until a couple of weeks ago, even the lockdowners were saying, *Oh, come on. It's a straw man* — Tyler Cowen said it's a straw man. There aren't going to be any more lockdowns. You guys are just full of it. You're trying to panic people. And now of course, they're right back to lockdowns, just as we knew they would be. I think it's easy for people to see if they really are presented with the data and they're told, look, we have all these problems, we have starvation threatened in some places, we have depression and suicide. They get that.

But what some people have come back with is: it's not right to say that lockdowns just flat-out don't work or that the costs outweigh the benefits, because we have seen, as brutal as it was, that China, which is back to normal life, did seem to get the virus under control through

sheer brutality. And there are some East Asian countries that got through with a fairly light touch that are doing pretty well, so that just goes to show that in the West, we're too stupid and backward and individualistic to go along with measures like this. So lockdowns do work.

So what do you say to that?

BETRUS: Well, I say, one, I think that the data out of China, it is open; it's a little bit unreliable or unclear. But let's just talk about China, South Korea, and Japan for a moment. So Japan really didn't lock down. South Korea, they did more tracing than a strict lockdown. Well, one thing that I've read in a couple different journal articles — so most of my sources in the book and then I continue to go back to are in the land set and in [inaudible].

And so there's perhaps a predisposition in some of those Far East countries because it's a coronavirus, because it's from there, there might be a little bit of more like T-cell type of immunity or built-in immunity, and that's why there's been more resistance. Because when you look at Japan, they've got an elderly population. It's actually a higher smoking, for example, country than America, and they really haven't suffered. I mean, really, they really haven't had any measurable — I think South Korea and Japan might be in the 14-deaths-per-million, that type of range, very, very low.

And so I think a better comparison is really Western Europe-type countries, and then to a degree Mexico. Because we've had the biggest impact in America on a segment of the population has been Hispanics, so I think those are better comparisons, to compare us to Western Europe and maybe even some of the data that's come out of Mexico.

WOODS: The Japan example is particularly interesting, because it's not like, early on — and by early on, I mean like Aprilish — it's not like the lockdowners were telling us, Oh, Japan is going to be fine, don't worry about it. They were saying Japan is going to reap a terrible whirlwind for not having a hard lockdown. That's what they were telling us. They were saying, first, that Japan's lying about the numbers to keep up confidence for the Olympics. And then it was, they're not doing enough to lock down and their hospitals are going to be overwhelmed. That's what they were all saying. Now they're saying it's a model for what to do. That's not what they were saying at the time. They say that once it turns out in this more favorable way.

And then also with the Japan question, I guess I saw it just constantly going up and down what they thought about Japan. It was either Japan's doing well, Japan's going to get hit by a second wave. None of those things happen. And then after all the dust cleared, it was, *Oh, you know what it was? It was masks*. Like they always have some explanation. It can't be that they don't fully understand how the virus works, or that maybe there's an Asian variant, or maybe there's preexisting immunity in some parts of the world. It's always got to be some little bumper-sticker slogan.

BETRUS: Yeah, and there's a lot of revisionist history around Sweden and reinterpreting what happened and coming up with qualifiers for why Sweden has fared well without a lockdown kind of in the midst of Europe is having a number of countries are having a bit of a second wave. Actually, a number of countries are having their first wave. They really didn't get through it. If you look at the more Eastern European countries, they really didn't have a first wave, and they're getting it hard right now.

And so I think when you look at a lot of these countries — and let's pull the Far East. I do think that's different than comparing it to the United States. But I thought you wrote a good piece, if it came out today or one of the last couple days, and it was about mitigation tactics not working right. And what I was thinking about when I read that is the default for all of our states is to be open. We should be open. So when you look at the two most-open states in America, you've got South Dakota and you've got Florida. The places that are locked down should be blowing them away. They should be far outperforming, from a COVID perspective, Florida and South Dakota. And when you look at the data around every single state that surrounds South Dakota, they're all getting hit kind of equally.

But the most interesting part of this is that, given that — and you know this because I've seen a number of your interviews on YouTube and your newsletters — you know this. So there's a little bit of unreliability in all the data. So of all the COVID-19 deaths, right now we're at 350,000 excess deaths for the year. Probably two-thirds of those are real COVID ones. So probably, of the 250 recorded, about 180,000 are probably real. And I'm not a COVID denier. That's a real number. I actually lost a cousin to COVID who was at a care facility in Detroit in April. I'm not a covert denier. It's about a proportionate response.

But when you look at when you look at all-cause deaths, South Dakota is ranked 48th in the country. They're only up 3%, where America is up 12% above average. And Florida is up about in the teens. They're more average. They're like top 20. But I think the message is: if you're locked down, you should be crushing the COVID performance of South Dakota and Florida. And we're not. And to me, that's one of the biggest substantiations. Florida opened up seven weeks ago, and they're pretty flat, and they're not even having a bump like some of the other states in the Midwest and even a couple along the Atlantic coast. So you live in a great state, and I think it's awesome that your daughter actually has the opportunity to be face-to-face in classes, because there's tens of millions of kids that don't.

WOODS: Well, not to mention some of the deaths that will occur because of the lockdowns, because of things like missed cancer screenings and stuff like that, we won't see those numbers this year. We might not see them for three or four years.

BETRUS: Right.

WOODS: So even if Florida were 4% worse than another state, well, in the long run, it could still be ahead because we're not factoring in the fact that some of the deaths by lockdown are delayed deaths.

BETRUS: No doubt about it. There was a study that — I've cited a couple different ones, but an interesting one was early on and it was out of England, and they predicted an extra 60,000, which would be a 50% increase, in cancer deaths that would happen over the next two years, just because things didn't get diagnosed. And this was during the hard lockdowns.

And the thing that's sort of insane, Tom — again, you don't have to be a COVID denier. You can believe in this. But we locked down under the guise that, in a worst-case scenario, we would have a tenfold shortfall in hospital beds and ICUs. Our best-case scenario was a three-fold. Right now, nationally, we're at 7.7% of capacity, meaning of all the hospital beds occupied, just 7 to 8% are occupied by people with COVID, which means it's probably about 5% of actual COVID-symptomatic people are there for COVID-19. And so we're at zero risk of running out of hospital beds. That is a fact. We were not even close in New York at our peak.

And so the question is: what's our endgame, right? Dr. Osterholm said we should do a national lockdown for four to six weeks. And the thing I thought is: but what's our endgame, right? Because you made a comment in a presentation that I saw the other day. It might have been here in Texas, but you made a comment of, we're only delaying the inevitable, with huge consequences. And that was the question I posed to some doctors that I spoke with back in April and May when I was writing this, is what's the end game on this, and aren't we just simply prolonging the inevitable? The only reasonable thing that you can do with all the data that we have is you definitely need to insulate the people that are vulnerable.

So like, I've got 89-year-old parents in Detroit. My brother and I have hardly let them leave their property for eight months, and I've got a 20-year-old son who's away at college, and I told him to live his life as freely as he can. Those are really the types of things, instead of this one-size-fits-all, let's just crush the economy, let's crush kids' futures or their academic standing for a couple of years, and all the small businesses, and all the other consequences you're aware of.

WOODS: I like your point, by the way, that a state like Florida should not be doing slightly worse or the same. It should be doing much, much, much worse.

BETRUS: Much worse.

WOODS: Because I said the same thing about Sweden. I said, don't tell me that Sweden is in the middle of the pack for death rate and that this means it's terrible. Sweden should be far and away the number-one death destination in the world, with piles of corpses lining the streets if this kind of lockdown was justified. And if it isn't, that alone is a victory.

BETRUS: And that's a message that doesn't get out, right? Winning is batting average with no lockdowns. I mean, I know that sounds sort of morbid, but we're making huge decisions here, and that's how really all policies are really made. You're balancing risk and consequences and things. And again, when you look at places like Sweden and South Dakota and Florida, they need to be getting blown away by the lockdown areas to justify it, and they're just not. And when you see the places that have strict mask mandates, they don't really outperform the places that don't, like your state, like South Dakota.

And it seems common sense that those places — and the best one really is comparing South Dakota to every single neighboring state around it, even like Idaho. Idaho is at 9+% in excess us to South Dakota's 3%. And if you look at the curves in cases and hospitalizations with Colorado and Idaho and North Dakota, which is actually getting hit pretty good, and Minnesota and Iowa, they're all the same, which to me shows you this thing — you know, your Alex Berenson quote, "virus is gonna virus." When this thing decides to hit, it is like a little mini hurricane making landfall, a CAT II, let's say, in Florida, and it blows through and then it kind of seems to just dissipate out within about three to four weeks in every single place.

So it's hard to understand why we're locking down and what the end game is. Someone could actually say, here's the number. When they base policies on cases, where when hospitalizations are very, very low, like New York is at maybe under 1% of total hospital beds, and they're talking about locking down because they're an extra 2% in positives as a product of testing, positive cases. And it's like, it's insane, right? We're never going to get to an absolute zero. Even with a vaccine, that is an unrealistic expectation. And it feels like Dr. Scott Atlas

is one of the only people in a leadership role — and he'll be leaving that, of course — but with any sort of balance or reasoning.

WOODS: Well, let me play devil's advocate for a minute, because what I've heard from the other side, is that yes, it's true that really all the lockdowns can hope to do is to delay a bit. But what they say is a delayed COVID-19 infection, an infection that you get three months from now is much better than an infection now, because three months from now the treatments will be even better, our knowledge will be even greater, we'll be even closer to a vaccine. So delay in itself is still a good thing, because delay could decrease mortality. We might still get as many cases, but we might be able to decrease the mortality, given the advances we'll make in the interim, particularly with the vaccine coming. So is there a response to that?

BETRUS: So I'm going to make a comment, but I didn't invent the comment and I don't like the term that I'm going to use, but I'm just going to relay what my research has uncovered. But one of the reasons that we're probably going to continue to do better is don't forget over 50% of the deaths — and there's messy reporting. It's well over 50 — over 50% of the fatalities we've suffered have come from care facilities. So these are people that were not in great health. And what COVID does best is take people over the edge that are close. And so the epidemiology term that I saw from one of the scientists was "there's a lot of dry timber," and that this takes some of those lives. And so some of that, those lives are gone, the more vulnerable. And so we are doing a lot better with respect to survivals and treatments.

One of the reasons New York was such a wreck is the treatments and the facilities and the resources, it was a disaster. And it's not because the federal government didn't provide; it was just a train wreck. And so there's a good chance we probably lost 30% of those lives just due to, I can only say ineptitude. But if you read some inside cases or stories and talk to people there, it wasn't good.

But again, if you're trying to get it to an absolute zero, we should all just go into solitary confinement, right? We could. We could actually squish it if we all went into solitary confinement for 90 days in a perfect scenario. But that isn't a practical thing. And so to your question on playing devil's advocate, locking down strict, when you look at the demographics of this, where the median age of fatalities basically exceeds life expectancy in every single country of the world, that's not a reasonable, balanced tactic for America or for any country, versus riding it out and paying very close attention to insulating those that are most vulnerable.

WOODS: How about the section you have on the reopening criteria? That has varied by state, and I think maybe the most extreme case involves California, where there, at least in some places they're trying to make it seem like there's some preexisting science of reopenings that they're adhering to with different phases, when they're all just pulling it out of there you-know-what. But in California, I don't even think they're doing that. It's just: we're never opening. It's: we're going to make this as difficult and obnoxious as we possibly can. What's your impression, looking at the different states on this?

BETRUS: Well, so let's take California and New York as a couple of the extremes. You could throw out Illinois; you can throw a few other states, but let's talk about just California for a sec. They've got a case positivity rate as their overall metric. Again, the WHO estimated back in September that 750 million people have probably been infected with the virus. At that

time, that was a 17-fold increase over what was the actual case numbers worldwide. That run rate in America was 153 million six weeks ago, so if you are somebody who buys into that, it would be higher now. But regardless, no reasonable person would contradict that we have over 100 million people that could test positive if we could do that right now. So that's a given.

So you look at California. If you test enough, you will get a lot of positive cases, particularly the way we amplify testing with kind of non-transmittable viruses, the viral particles that you would uncover. So California is at 5% right now, 5% hospital capacity, which basically means hospitals are empty of COVID patients. I mean, that's a very low number.

And so, again, what is your endgame here? Because we locked down, and everybody bought in early on. I mean, I can't say I did, because I was reconciling this cruise ship data. It never made sense to me from the beginning. But let's just play along and say we were being cautious. We're not at risk of overwhelming the healthcare system, so what is the end game. You've got not one identifiable instance in the world of schools being opened and that resulting in an outbreak that has resulted in hospitalizations and deaths. I mean, you'll remember this because you follow so close, but in September with all the hype about all these outbreaks at colleges and universities. And so now we've got some 250, close to 300,000 college kids that have tested positive. You know this, so I'm going to ask you: how many hospitalizations and deaths have come out of that?

WOODS: The latest number I've seen is a little bit out of date, but I think it's three hospitalizations and no deaths.

BETRUS: Yeah, so I'd heard a little higher. I'd heard more like a dozen hospitalizations and a handful, like five or six.

WOODS: Yeah. Yeah, right, so I think my number is a couple of months out of date. That was the last word. But it's essentially a rounding error, to be blunt.

BETRUS: Well, more kids will die at colleges and universities from are —

WOODS: Driving to campus.

BETRUS: Driving to campus or alcohol or something like that. And so it's very frustrating when they're not at any measurable risk. And then like one of the most boneheaded policies I've seen, and I wrote a piece on this in *The Washington Times*, but Colorado was having a spike around University of Colorado students going back. So what did they do? They locked down. There was a county order to lock down just 18- to 22-year-olds. So imagine the worst lockdown that we had in like California or New York or Illinois. That's what the order was for these college kids, just 18- to 22-year-olds. And I made a joke that it was probably the first time in history that a 21-year-old would be paying to get a fake ID to be 17, right? But instead of just riding it out and putting notices out to the community saying, *We're getting a spike. We're getting a lot of positive tests. If you are in a vulnerable segment — if you're elderly or you've got these specific two to three comorbidities, you should keep a low profile for four to six weeks* — that's just what you should do.

And I don't know. Again, your reopening criteria for California, I don't understand the end game. Hospitals are empty. The Bay Area hasn't even hardly been touched consistently. It's been very, very light. You look at that in New York. It's like, we're only looking through this through a lens of squishing the virus down to like an absolute zero and be damned with any of the fallout consequences. And that is not a realistic balance or expectation.

WOODS: What do you think in your book is a point or two that's been most overlooked even by people who agree with you?

BETRUS: I think that the most important thing is contextualizing the death data compared to what could be considered acceptable or traditional. So I kind of open it up talking about some context of past pandemics and what did we do, which was basically nothing when you look at the Hong Kong and Asian flu. This is much, much less severe, far less severe than the Spanish flu. The Spanish flu in today's population would kill over 1.8 million people. We will not get to that point. And part of it is the Spanish flu's most vulnerable population segment was men 20 to 40, right? I mean, that would be significant.

In our case, you know this data, but it's less dangerous. COVID-19 is less dangerous to people under 60, let's say, and healthy. And if you're over 75, it is more dangerous. And if you're severely obese, you've got severe diabetes, you are at more risk. But the gift that it gave us is we know that and we can identify those people. It's not like it attacks college kids and things. And so I feel like contextualizing all that and then presenting information on all the collateral consequences of the lockdowns in terms of education and deaths of despair and health care issues that are going undiagnosed and untreated, I feel like that I'm providing context.

And you could read my entire book and not know who I voted for. I did not make it a political book, and I even defended Governor Cuomo his nursing home decision in the moment. One of the things I thought in the moment, Tom, and I believe this even looking back, is you've got a couple days and you're rushing around and there's a bit of panic, I don't know that it would have been intuitive to Cuomo to know — and other governors like Whitmer, for example. It seems like it was intuitive to your governor, and he had a week or two later, DeSantis.

But let's go back to Cuomo for a second. The people who really should have identified that on the front end, you look at Birx and Fauci, you look at Dr. Redfield and you look at the HHS people, state health secretaries in these states, Pennsylvania, they should have intuitively known based on the cruise ship data and what was happening in Italy, older people are more vulnerable. And so somebody should have connected the dots that you don't send a COVID-19-positive patient into the lion's den. And I think those people should all be fired or removed from office for just incompetence. And I don't use that lightly, but I mean, I feel like no one really blames those individuals or disciplines. They tend to blame the governors. And I just think it's terrible that our health care people haven't been held accountable for that.

WOODS: Well, the book is *COVID-19: Lockdowns on Trial*. I'm going to link to it on our show notes page, which is TomWoods.com/1779. Do you have a website you want me to direct people to, as well?

BETRUS: You know what, Tom? Thank you. The book's available on Amazon and Barnes & Noble. And then on the foreword of the book, even if you do a preview, my email address is available, and anybody that has any questions or would like to discuss it, I'm open.

WOODS: Okay, excellent. So TomWoods.com/1779 is where people should go for the easy link to get the book. And Michael, thanks so much for doing this in record time. Tremendous.

BETRUS: And you know what, Tom? You've done some great work. You're so passionate about this, and you're one of the leaders, and I appreciate you giving this important topic a real platform.

WOODS: Thank you very much.