



Episode 1,792: Stanford's Jay Bhattacharya on the Lockdown Fiasco

Guest: Jay Bhattacharya

WOODS: Before we get into it, I have to tell you something that I really admire about you and it's something that I just can never do — maybe in certain limited settings. But I've watched you speak so many times, to sympathetic folks and to unsympathetic folks alike, and you maintain such a scholarly temperament, and your poise, your balance, just everything about your presentation is so professional. I, on the other hand, have such a hot head. And I think there's room for both, because I probably reach some people who need to be grabbed by the collar, but I'm not for everybody. And you, like for example, I saw you debate, I can't remember his name now. And it was cordial, if a bit chilly, but then at one point, he said something about your position that would have sent me into a tirade, and you simply said, "That's not fair." And I thought that's my Jay Bhattacharya [laughing]. So thank you for that.

BHATTACHARYA: I have lost my temper once in one of the public things. I won't say what it was, but I regretted it. And my temperament, it just comes natural to me. I can't help it. I wish I had some of your fire.

WOODS: Now, honestly, we need you to be who you are. Honest to goodness, you're just tremendous. I have a bunch of things I want to ask that really are areas where I sort of feel weak. First of all, you were telling me before we started recording that this is not your life, typically, where you're constantly in demand for media appearances and people either love or hate you. You normally live the quiet life of an academic. Well, likewise, I'm a historian with a Columbia PhD. I don't normally talk about viruses. What the heck do I know about this? But what I do know, what I can do is read the news about what the consequences have been of the government responses. And I'm certainly entitled to an opinion on that, so I've been talking a lot about it. But there are some areas where I feel weak, or I feel like I wish I had a better answer or I understood things better. And not even so much that I want to win debates. I genuinely want to understand things better.

So, for example, let me start with this. We've been saying, people like you and me and others, have been saying that lockdowns have terrible public health consequences, that you can't just look at one virus; you have to look at all kinds of factors that are at work when you engage in something as drastic as lockdowns. But what you tend to get these days as a response is: it could be that some places bungled

lockdowns. But when we look at the example of Australia, yes, sure, it's been pretty brutal and every five minutes, they have to shut down again. But they come out of it with zero cases. And Taiwan has had good results. China had a brutal lockdown, but they seem to be okay. Doesn't that go to show that it's too sweeping to say that just lockdowns flat-out don't work?

BHATTACHARYA: I mean, it is too sweeping. So if you have relatively few cases in your island, you can close the borders, lockdown sharply, kill your economy for a little while, and then you can get to zero potentially. We saw that in New Zealand, although they had a little flare up in the summer, which scared the heck out of them. We saw that in Australia, and there they had this massive draconian thing in Victoria. And then in of course China, they did have a very few cases, but they did this military-style lockdown cordon sanitaire. I mean just a huge thing that's just not exportable to any place that has a democratic government.

So it is possible in principle. Like you think about lockdowns as you have a bunch of mice that usually interact with each other, you put them in cages, separate from one another, separated by six feet, maybe put masks on their faces. And then whatever disease you want to stop to spreading between them by respiratory means by mice will stop.

But humans aren't like that, especially humans that respect human rights. And it's especially impossible in the context where the disease is already very widespread. This disease is not ever going away. It's never going to go to zero. We just have to come to terms with that. And once you do, then all of the rest falls. When I say lockdowns are impossible, what I mean is where we are now, it is not feasible to use lockdowns to get to zero COVID.

WOODS: What about people who say, I hear what you're saying, and I know there have been terrible consequences, but now that we have these vaccines on the horizon, the lockdowns are, as at least one governor put it, a bridge to the vaccine? Like surely, I get that if we say you have to be in your house indefinitely, that's not manageable. But if we say, could you tough it out for another four to five months? That doesn't seem absolutely not doable?

BHATTACHARYA: I mean, let's think about that. So the question, again, it's a human lockdown. The premise of that is that there's no cost to the lockdown, and in fact that we're in some sense, all equally vulnerable to disease and all equally affected by the lockdown. Both of those are false.

So first, who actually bears the burden of the lockdown? Well, it's actually people are deemed essential. You have a 64-year-old diabetic Costco clerk, and they're being asked to make a tough decision between: do I expose myself to the virus, which has a relatively high mortality rate for someone who's 64 and has diabetes? Versus someone like me, I'm 52. I mean, I'm relatively privileged. I get to sit in on Zoom meetings all day long, and I can order on Amazon. I can order out. The lockdown protects the rich

and asks the relatively poor to be exposed to the virus. So that's the actuality of the lockdown. It's not just *let's stay safe*. It's like continuing to expose the poor.

And let's talk about schools, right? The lockdown in the United States means closed schools. Well, who's affected by that? I mean, my kids are harmed by that. They've stolen years of my kids' lives. A whole bunch of sources of joy that they would otherwise have had is gone. But for poor kids, it's even more devastating. I mean, they don't have somebody who can help them with their math, they don't have somebody who's watching over them at home to make sure they're doing their work. They have internet. But poor kids don't have those kind of advantages. This is a huge engine for inequality. Four more months of that engine? So the lockdown costs should be at the very forefront of our minds whenever we think about lockdowns. So talking about them as if they're just a bridge, an easy, costless bridge to a happy futures is a mistake, especially because there's a different plan — hopefully, we can talk about later — that you can replace it with, that would do much better.

On the other side, about the harms of COVID, well, I mean, the harms of COVID are very unevenly distributed. If you're over 70, the survival rate is something like 95%. If you're under 70, it's something like 99.95%. Well, I mean, that means that the lockdown is going to, on net, harm people that are young, because there's no benefit to them for it. Just on net, it's harm. It may protect older people. I actually have some doubts about that as well, but that's at its best case. So you end up with like saying, okay, let's harm young people or younger, non-vulnerable people for four more months — so when I hear that, that's what I hear — until we get the vaccine. I mean, no, that's a mistake. There's an alternate policy. We can you do better than that.

WOODS: Well, I certainly want to talk about the Great Barrington declaration in a minute. There's another example that I want to run by you, and that's the very, very interesting case of Japan. Now, early on, you can go back and see the headlines in *The Washington Post* and in *Science* and in other mainstream periodicals warning that Japan had botched its coronavirus response. *The Washington Post* said "too little too late" with Japan, because they had maybe a halfhearted lockdown, some public health recommendations. They wore masks, I suppose. But they didn't do the mass testing that they were supposed to do. They did much, much less testing than, say, South Korea did, which is also held up as an example.

And so then later on, Japan, by the very same people who had been screaming, screaming for weeks that Tokyo was going to be overwhelmed, these very same people said, Oh, Japan succeeded because they did what I want. Did they really? You're the people who were screaming they were going to all be dead. And so now it's that they wore masks and they did contact tracing.

Now, the interesting thing about the Japan contact tracing, let me just read you one sentence I read in *The Japan Times*, that they did it much more surgically than is being recommended in the West. So I read this in *The Japan Time*: "Encouraging people with mild or no symptoms to take PCR tests would have revealed nothing, but

resulted in isolating false positive cases." Now, I know you'll call those functional false positive cases. But in other words, whatever kind of contact tracing they had was much more surgical and used a scalpel rather than a sledgehammer. But how else can we account for, Japan has something like 17 deaths per million compared to the US at 830 and Belgium at over 1,400? It seems to me that with a gap that large, it can't just be government policy. I mean, it seems like there's got to be some preexisting immunity or something at work here. What's your thinking on that?

BHATTACHARYA: Yeah, I agree with that. I mean, if you think about the difference between the Japanese versus the Chinese response — but the Chinese came off pretty well, right, with this draconian lockdown that they had. Relatively few deaths compared to the size of the population and how old they are? Japan, very, very old. They also came out well. There seems to be some policy invariance in East Asia over this. No matter what policy you pick, you get a good result. And as you say about the Japanese policy, it has been relatively lax. There really hasn't been a sharp lockdown. There was a problem study I think Kobe in April or May sometime that found hundreds of infections in each identified case — you know, they were not looking for the virus. They were looking for people who were sick with the virus, and they didn't have that many. Now, of course, you're seeing I think somewhat more cases now, but it's still the same kind of thing. What we're seeing is relatively mild infections in East Asia. I think the only explanation must be something like preexisting immunity, although the definitive studies are not done yet to prove that, but that seems to be the leading hypothesis.

WOODS: Okay, because it just seems to make the most sense of the data. Now, see, likewise, I live in Florida, which is completely open in the sense that there are no state-mandated occupancy restrictions or anything like that. The localities can still impose mask mandates, but they just can't collect fines on the mandates. And incidentally, I see people wearing masks everywhere in Florida, absolutely everywhere, so there may as well be a mask mandate. But other than that, for the most part, life is essentially normal. I mean, I've gone to see a play. There are concerts resuming at the King Center in Melbourne. I mean, little by little things —

BHATTACHARYA: You're making me jealous, Tom.

WOODS: [laughing] Oh, yeah, I know, I'm so sorry to tell you this. I know, normal life is resuming here. But what's interesting about this is just today, I saw a chart generated by a fellow named Ian Miller, who generates a lot of charts on Twitter. And he's plotting hospitalizations per million in California versus Florida. And starting at September 25th when Florida officially opened, the very day after the roundtable with you, which was interesting, and you see that the lines in California and Florida track each other pretty closely over the ensuing month and a half, or I guess two months now, except California is now somewhat higher than Florida. And it just seems like back in March, when I was first very alarmed by this and I believed all this stuff about exponential growth and then this many will have it and then this many, and there'll be this many dead and so on and on — how is it possible that Florida can be

this open, and its hospitalization results are better than California's, even though Florida has the fifth oldest population in California has the 44th oldest?

BHATTACHARYA: I mean, there's a kind of policy invariance there, right? The key to the policy invariance idea is, okay, so if you want to understand why two places that are similar in population, like California and Florida in some sense, except older in Florida, why they might have the same result, you have to really understand how effectively the policy protects the old. That's the number-one contributing to death, if you want to compare places like California in Florida. Actually, same thing with Africa. Like why has Africa done so well? I mean, a very small fraction of that population is over 65.

WOODS: Yeah.

BHATTACHARYA: I mean, that's the first order thing you need to think about. I think Florida did a much better job in some ways than much of the rest of the country in protecting its older population. And so once you've done that, it doesn't matter what you do to the rest of the population. As long as you've secured the people who are actually likely to be hospitalized and die from infection, then the rest of the population, for the most part – some of them will get sick, but for the most part, people who get infected won't get very sick, and they won't produce many hospitalizations. They won't produce much death. I think that's really the key thing.

On the other side of the lockdowns, California locked down our state. My kids, I think my youngest son just got to go to school for one day this week, and they're likely to end that, like in person. My kids still can't go to school. Really, it'll be a whole year and some before they get to go to school. It will have caused this enormous harm to a vast number of people for almost no gain, I think, at the end of the day, on how the epidemic wore out.

WOODS: Now, of course, you are one of the drafters of the Great Barrington declaration. My listeners are quite familiar with that. GBDeclaration.org is where you should go. You should read it and sign it. And of course, we know that the message of that is that the public health implications of lockdowns, the results have just been catastrophic. And we have to proceed in a different way, and that involves focused protection of people who are especially vulnerable. Now, the primary response you've gotten – let's forget about the invective in the name calling and all that. But in terms of scholarly response, generally what I've seen has not been that that's not correct or something, it's more that it's not feasible. So they're kind of implying that if we could come up with a way to make your plan feasible, where we really could sort of isolate people who are at risk, then maybe it would make sense, but that as a practical matter – so the theory I think they accept, but as a practical matter, they say it just can't be done. And you've been trying to say that, well, that's because you haven't thought it through quite enough.

BHATTACHARYA: No, that's right. I mean, I think we've been intellectually lazy, right? We thought that if we want to protect the vulnerable, the only way to do it is by lockdown, so that by slowing communities spread, we then thereby automatically protect the vulnerable. But you can see that's failed, right? The lockdown doesn't actually end up isolating the vulnerable. Community spreading eventually happens, and it hits the vulnerable. And we haven't even tried to protect the vulnerable, in many groups, right? So the lockdown, for instance, creates intergenerational homes. They make young people lose their job, go live with older parents. We sent university students back home to live with their parents, thus creating a risk with older parents that they otherwise wouldn't have had. The lockdowns expose poor working class people because they're deemed essential, even if they're vulnerable to the virus. The lockdowns don't make any distinction based on risks. It's this blunderbuss idea, and it's blocked critical thinking from a community of people that are normally quite creative about protecting people.

There are lots of ideas potentially – actually can we circle back to the vaccine?

WOODS: Sure.

BHATTACHARYA: Because the vaccine is a fantastic tool for focused protection, if you think about it. So the big constraint with a vaccine is going to be getting sufficient doses. Well, within two months, we'll have enough doses to cover the – assuming the safety data come out the way I anticipate and the efficacy data come out the way we anticipate, we'll have enough of safe and effective vaccines to cover every single vulnerable person in the American population. Older people, hospital workers, some folks with chronic diseases. Anyone who wants to dose can get it in that vulnerable group. At that point, we have perfect focused protection. The debate that's going on right now is people that are saying – you said four months. Actually, it's not going to be four months before everyone gets the vaccine. It'll be a year before there are sufficient doses of the vaccine for everybody, really – again, assuming that – we've made some miracles of science and production. I suppose that's still possible, but I mean, a timeline of a year is not unreasonable. Do we wait a year before we open up, while we wait until everyone gets vaccinated, or do we just we vaccinate the older people, some other high-risk folks, and then open up? That's the debate, I think, that at least I'd like to see, because to me the vaccine is a perfect vehicle, at least potentially, for focused protection.

WOODS: Do you have any safety concerns about the vaccine? Any of them so far? I mean, obviously, maybe it's too early to say, but are you at all concerned about that?

BHATTACHARYA: I am concerned. I mean, I haven't seen any of the data yet. They haven't yet released the data. I think December 8th is when the FDA is planning to release the data, publicly release in anticipation for the meeting on the 10th. So I'm looking forward to that. I know that in the UK, they just approved their vaccine, I think the Moderna if I'm not mistaken. So that means that – but I haven't seen the data out of that yet either. I mean, we should be concerned. What I'm going to be

looking for is not just the safety data in aggregate, but by age, because what I really care about for this vaccine is the older population. It's most useful for the — like take my kids, right. So I have a 13-year-old. If he gets COVID, his likelihood of a bad outcome is vanishingly small. Frankly, the vaccine, unless it's like perfectly safe for children, is going to be worse than COVID. So what you want to do is look for age-specific adverse event rates, and age-specific efficacy rates, and then make sure that those match the policy, I mean, I think the right policy is protect the old, so you would put up with a slightly higher serious adverse event rate for the vaccine among the old, because COVID is so much worse for the old, 95% survival. So I think those are the data I'm going to be looking for once they start publicly releasing.

WOODS: I think I'm going to ask you to put on a hat that you may not even own, and that is the hat of a political analyst. And that's not what you do for a living, but on the other hand, you've observed how the political class has handled this matter since March, and maybe it's given you some insight. Here's what I've seen so far. Joe Biden says he's going to ask Americans to wear masks for 100 days, which masks are another matter. It seems like Americans have been wearing them for well over 100 days by now, fairly high compliance. But okay, he wants to do that. And he may have this or that other thing he wants to do.

But there have been two schools of thought on what's likely to happen under a President Biden. One is that you hear all these pessimistic people say they're never going to give up their powers that they have. We're never going back to normal. And I actually don't buy that. I understand why people think that would be the case. I actually find that wildly implausible. I think that there is a path for Biden out of the corner that they've painted themselves into. The vaccine will help. They could deal with the PCR testing and lower the cycle thresholds, and that would lower the number of cases that are discovered. It seems like there are ways that he could do a few token things at the beginning and then declare victory. Do you think that's just wishful thinking?

BHATTACHARYA: No, I don't think that's wishful thinking. I mean, so we've been talking about one story of this epidemic, right? The story that we've been told is about a very widespread disease that affects the elderly more than the non-vulnerable people and with an infection fatality rate that is very, very low for under 65, where lockdowns don't have an enormous effect as far as actually suppressing disease for a very long time; instead, it just delays cases. I mean, that's one theory of the disease.

Another theory, this is the mainstream theory and everyone's familiar with it, is the disease is our fault. We fail to abide by the lockdowns. We fail to abide by the mask mandates. When it spreads, it's our fault. And if we just abided by these strictures that are put in front of us and just grit our teeth and bear it, we could get out of this mess. Right? So like, it's of a piece to ask Americans to wear masks for 100 days, well, 90% of Americans are already wearing masks. What's different? So it's a token to say it's 100 days of wearing masks and then declare victory. It would vindicate the

mainstream theory. It you would say, look, we got out of it because Americans wore masks for 100 days.

I mean, I think there's some element of — because I've been trying to understand why so many people look at the data, I mean smart people, look at the data that I'm looking at and have such a different reaction to it. They must see what I'm seeing. I mean, in the early days of the epidemic, it's completely reasonable to have a different opinion. We dd didn't have very much information. But now to look at the data and think somehow that this narrative about lockdowns and masks as the reason why we're in the situation we're in and it protecting us, I don't see how that's tenable. But these are very smart people, and they want to have some story where they didn't make an enormous mistake, I think personally probably the single biggest public company mistake in a century. So I think no one wants to think that they were that wrong. But so I think that there's going to be a lot of demand for some kind of fig leaf.

WOODS: Yeah, that's exactly it, a fig leaf, yeah.

BHATTACHARYA: I mean, I don't know if that's a political thing as much as — I always think about it as psychological. I mean, I could be wrong. I don't know. I tend not to have that much insight into how people — I would think that people when they see data that contradicts their worldview, they might start to question the worldview. I've been wrong on that a bunch of times during this epidemic.

WOODS: And I was wrong thinking that, by now, far more people would be demanding an end to this policy. And if anything, half the country has dug in its heels even further, regardless. The thing is, I can go on social media, and I can be armed with all the data and charts in the world. But then the other side — which, I'm just talking about ordinary people, not experts — will just come back at me with the number: 250,000 deaths. So I've got all the nuance and everything in the world, and they just say, 250,000 deaths and that's because Trump didn't do X, Y, or Z. And they just think that one number trumps, so to speak, everything. What do you do in that situation?

BHATTACHARYA: Well, I mean, I think that obviously the 250,000, that's unfortunate. I mean, I view that as 250,000 deaths, many of them are results of policy failure. Why are 40% of American COVID deaths in nursing homes? That we knew at the beginning of the epidemic was where — the very first days of the epidemic, we heard that nursing home in Washington state was sick and had a lot of sickness there and death. We should have known from the beginning that that was the place where we need to protect people. Instead, we thought we immediately came to the conclusion, I think looking at Wuhan and Bergamo, that the constraint was ventilators and the constraint was hospital beds. And in order to meet that constraint, we sent positive COVID patients, infectious COVID patients back to nursing homes that couldn't manage to isolate them, infecting and killing, I mean, I don't know how many people. We've gotten better at that through the epidemic. As I said, I think Florida's done a much better job than some of the other states. But it's one of these things where like, that's a very clear evidence of the policy failure almost from the

beginning of the epidemic. 250,000, there could have been much less if we learned from the data about how to deal with the epidemic.

WOODS: You're at Stanford, and Scott Atlas was at Stanford. I suppose you know him personally?

BHATTACHARYA: I do. I got to know him actually through the epidemic. I knew a little before, but we've come to be pretty good friends since.

WOODS: What's your — I mean, I don't want to get you in trouble with your colleagues. It's probably too late now.

BHATTACHARYA: I'm already in trouble with my colleagues, yeah.

WOODS: What's your reaction to how he was treated not only by his colleagues, but by, well, frankly, almost everybody?

BHATTACHARYA: It's disgraceful. I mean, let me just speak about my colleagues. I think there were two actions that I very strongly disagree with my colleagues on. So first, he's a special advisor to the president. That is a very difficult job. You have to you have to try to stay up with the science. He's a special science advisor to the president. You have to stay up with the science as best you can. He has a particular point of view. Also it's obviously a political job, so he's in the media's eye, and so there's communication, both with the media and with the president and with the scientific community.

So understanding that that's the case, how do you on the outside — it's a public thing, so if you're on the outside, you don't agree with him or you think that he doesn't know something that he ought to know and you're a colleague of his, how do you manage that? I mean, look, what I what I would do is I would write to him and say, Look, Scott, you said this, and here's what I think is right, and here's why I think it's true. And then we can have a conversation or not. I mean it's up to him. Obviously, it's his job. I might get unhappy if he doesn't listen to me, but I've done my duty as a citizen and as a scientist for trying to inform the person that's informing the president.

Instead, they wrote a letter where they cited a whole bunch of things that they thought he believed, I think simply because the media to — they said he doesn't believe in hand washing. That is just a lie. It is very clear he believes in hand washing. I mean, he's never said — I can tell you he's personally told me, because I asked him about the letter. He said this is ridiculous. So why would you write such a letter, other than just to publicly embarrass him and undermine his ability to advise the president wisely? Instead of just giving him sort of advice, quietly or even publicly, saying here's what the right thing? Instead of saying, here's what I think you said; here's what's right, here's what's actually the truth, they painted a picture of what he believed with a set of statements that don't correspond to what he actually

believes. And it's just essentially tried to excoriate him, like sort of saying he's not following the science. I don't understand it.

And the folks who signed it are a bunch of friends of mine. I think they were out of line. They shouldn't have done that. And I think that was the first mistake, and it actually chilled conversation at Stanford.

WOODS: I bet.

BHATTACHARYA: Yeah, I mean, I've had very few opportunities at Stanford to talk with even my friends about my views who don't agree with me, whereas normally we get to have very vigorous discussions. Whereas I've managed to talk with people all over the country and the world, as you saw, like debates with people at Harvard, conversations with people. Just a whole bunch of other places where open conversations still can happen, although other science has not been good at that generally, but Stanford's been particularly bad.

And then the faculty senate voted to basically excommunicate him from Stanford. They use the word *anathema*, which is like a religious term for excommunication in the fact, by saying that he's not even a respected member of the community. This is a man who's worked very hard to convey a scientific view, I think a defensible one, to the president of the United States. The president had the other view. He had this task force that included Fauci and Birx and all these other things. It's not like he didn't have the other view. So Scott is completing the picture in giving his advice to the president, and they're saying, because he did that, he's not even a responsible scholar, not a responsible enough scholar to belong in the Stanford community anymore. I think that is — I don't have words to describe it. I mean, I'm so disgusted with it. I think it's frozen academic — it's made a mockery of academic freedom at Stanford.

WOODS: Yeah, I've long wished — I'm too small potatoes, but I would love to be able to have a chance to talk to him, because I think what he did was heroic, and I think the way he handled the media is just how they need to be handled. Because normally people saying things that are not on the 3x5 card of allowable opinion, they back down when they're confronted by the media. But to the contrary, like a teacher, he sat there and said, *Listen, I'm telling you what the science is. This is the science. You're going to sit there and listen.* I thought, it's about time to see one of the good guys doing it.

Let me ask you one other thing, and then I'll let you go. I asked Martin Kulldorff about Dr. Fauci. And Professor Kulldorff is a great guy, and he has temperament very much like yours. And he answered that question very diplomatically. He said Dr. Fauci is a very respected immunologist, and if you had a question involving that field, he would be a good person to ask. But he says there are a lot of other scientific questions that an immunologist wouldn't know the answer to.

So the implication there was that we've taken this one person and superstitiously attributed to him magical powers to the point where there's this presumption that somehow Dr. Fauci, when he was in graduate school, took a course teaching him, if you lock people in their homes, now there could be a lot more cancer deaths than you would have had otherwise, so here's how you balance that. Of course, he took no such course. There is no such course. But people seem to think that if he recommends something, that's what *the science* says. And then moreover, we had this confrontation between him and Rand Paul. Rand Paul was trying to say, I think that immunity could go beyond just antibodies. And Fauci just practically blew his top over that. But increasingly, that does seem to be correct. What is your assessment of this? Do you feel like you can just give a raw assessment of this man?

BHATTACHARYA: I mean, I have on my bookshelf a textbook, the Harrison's *Internal Medicine*, when he was an editor. I've long respected him and his knowledge. But I think during this epidemic, he has failed. I think he has not kept up with the science. That example, that interchange with Rand Paul was instructive, because the T-cell evidence was available then. He's failed on schools. The evidence about children not spreading the disease, that became available in March. Like that Iceland study, that contact tracing study in Iceland where they did the mutation analysis, that came out in April. We knew very early in the epidemic that the children are not central, but yet, Dr. Fauci spread fear about that over sort of equivocal scientific results. I mean, as a result, schoolchildren around the country have lost their right to schooling, essentially, especially poor kids.

On the Great Barrington declaration, he mischaracterized it, I think knowingly, saying that we believe that we should let the disease spread rampantly — we don't. We want to protect the vulnerable. We want to protect the old. That's central to the Great Barrington declaration idea — just simply so he didn't have to discuss it with us, I think — I mean, if I'm trying to be charitable. So I think he's behaved in ways that are detached from science and in many ways irresponsible. And I think that the harm from his leadership during this epidemic, we're going to be counting those harms for a very long time.

WOODS: And yet, what would not surprise me, would not at all surprise me, if he gets a book contract or, frankly, a movie. There'll be a movie, absolute propaganda from beginning to end. I can already script what's going to happen. The wise people in white coats were trying to tell us what to do, but the stupid rubes with their backward baseball caps just wouldn't stay home and had to go to their motorcycle rally. I can script the whole thing. It will be written for people with an IQ of 70. Like, we already know that this is going to be the outcome. So we need independent filmmakers and documentary makers to chronicle the reality of what's happening before we let that happen.

BHATTACHARYA: Tom, you're the historian. You get to write the last draft, right?

WOODS: That's true.

BHATTACHARYA: At this point, I'm just thinking about how to get us out of this mess, this policy mess that we're in, just like figure — I don't know what the historians will write, and to some extent, it's not my business, really. What I'm really concerned about is the next time we have an epidemic like this, that we never knee-jerk jump into the kind of policy responses we've done. So what I would like to see is an evaluation of this and a revision of our plans. I mean, for instance, I would like to see the First Amendment come alive again in the United States, because it feels to me like it's dead. I mean, I think things like that, we have to revisit squarely. If the historical storytelling involved helps us get to that point, I'll participate as best I can. The key thing is we can't let this happen again.

WOODS: Yeah, that's exactly why, even if they find some fig leaf and we more or less get back to normal, I don't want to be stuck in my house every five years and have people's businesses be destroyed every five years. Then they'll just quit starting them. I can't imagine how we can run a society like this. So it's very important. So I was just saying the other day, it's not like because the Great Depression was a long time ago, it doesn't matter whether or not we understand what caused it, because people will use the Great Depression or the New Deal, rightly or wrongly, as defenses for what they're doing in the present. So we've got to get this right. It's very, very important. What action step would you want to leave my audience with today? What can they do?

BHATTACHARYA: Well, I think start to speak up. Like at school board meetings, say what you know, because otherwise what you get is just fear. But the other thing, I was trying to think about like why so many people have gone along with this. I mean, I think one is the fear. I think that's very clear, right? And in fact, the fear is itself a policy outcome of this epidemic, and people have intentionally driven people to fear for reasons that are a violation of every health principle I've ever learned about. So I think start addressing people's fear is very important, with like data about what the survival rate actually is, which is incredibly high for people under 70.

And then the other thing is, there's this action bias that leads people — people I think, in general, have this like good conscience where they want to do good. And the folks on the lockdown side have used that to say, well, if you wear a mask, you can do good for others. Or if you just comply with the lockdown, you're doing good for others; if you stay at home, you're doing good for others. We have to replace that with actual active steps that people can take that actually would do good for others. So things like, if you have neighbors that are older, offer to like deliver groceries to them. If you had COVID and thus you're probably, almost certainly immune, offer to go to nursing homes where there are lots of older people that are isolated and depressed and dying. So just talk to them. I mean, I think there are active steps we can take, given where we know the harms are from these lockdowns that people can take — we don't have to wait for government to do that — to help others in the community. I think that engages people's conscience in a good way, so we've flipped the moral calculus in some sense.

The lockdowns are a terrible evil. They've caused all this damage that I'm sure your listeners know., so I won't go through the litany of it. Helping people understand that, but also take steps to help mitigate them, I think that's really going to be important going forward.

WOODS: Well, that's an excellent message. I'm going to link at TomWoods.com/1792, our show notes page, to the Great Barrington declaration. People should go there. And I may link to a video or two of yours, because I think the more of your stuff people consume, the better. And all I can say is thank you, because right around the time we first made contact, I think it was just when the Great Barrington declaration was coming out, and you must have had no idea the flood that was about to hit you. So I appreciate you making the time for *The Tom Woods Show*. My audience is going to be very grateful, so thank you very much.

BHATTACHARYA: Thank you, Tom. It was an honor.