



## Episode 1,801: The Ongoing Public Health Failure, with Jennifer Cabrera

Guest: Jennifer Cabrera

**WOODS:** As we wrap up this hideous year, I'm glad to have one more opportunity to talk to you. Now, the particular thing that made me think of you is some recent mask research that's come out, but honestly, you and I could talk for three hours without breaking a sweat on anything related to any of this. But let's start there. Who is responsible for the research? Where is it being published, and what does it say?

**CABRERA:** So it's a Rational Ground kind of joint effort. A bunch of people contributed to it. We've hammered it out among ourselves. It's come out on Justin Hart's Twitter feed to start with, and then we'll all be amplifying it. We're trying to get media sources to pick it up. But it's not really a study, but it's just data. It's just a spreadsheet. And so what we did is we took – there's two pieces to it. One is Florida by county, and the other is United States by state. I think the Florida county one is very interesting, because what we see there is not affected by seasonality. All of Florida pretty much moved together. So you can't say that the timing of having a mass mandate might just have been when cases were declining or whatever. Because if you take California and Florida, for example, and compare their results under mask mandate, you might get different timing based on seasonality, etc., that made maybe the argument less credible.

But when you look at counties in Florida, they're next door in many cases. And what we did is we took the days that each county had a mask mandate for that county. And we took the cases per day per 100,000 population. And we started on May 1st, because other than like Miami-Dade, really nobody had a county mask mandate that early. So we started May 1, which is when most of the mandate started coming into effect. We allowed 14 days after the mandate was put in place to allow for that kind of effect to settle down.

Anyway, what we found was that between May 1st and December 15th, counties that had a mask mandate, on average, 23 cases per 100,000 people per day. Counties without a mask mandate had 22 cases per 100,000 per day. So 23 versus 22. So yeah, the mask mandate counties had slightly more, but I don't think it's statistically significant. I think what this shows is that mask mandates do not make a difference in the number of cases in the population.

**WOODS:** Now, let's try and separate mask mandates from mask wearing, because some people will say that people don't comply with the mandates, or even in places where there aren't mandates, there's enough social pressure that virtually everybody is wearing masks anyway. Is it possible to say something about mask wearing and cases or deaths or any of these metrics?

**CABRERA:** We don't have good data on mask wearing. The best thing we have is from July in *The New York Times* and so you can do a little bit of that. But what we're trying to push back on at this point, is not even — we don't think masks work. It's pretty clear that masks don't work. But that's harder to get people to believe, because it's become a religion. So what we're trying to push back on is the mask mandates. So if people want to wear masks, that's fine. We're trying to push back on this idea that governments should mandate them and that governments that mandate them do better than governments that don't, because that's the narrative in the media, is that if only Governor DeSantis would put in a statewide mask mandate, then we wouldn't have the stacks of dead bodies that we currently have in the street. I mean, right?

**WOODS:** Yeah, right.

**CABRERA:** If only, because obviously the narrative is that you have to have mass mandates because people are, by nature, disobedient and rebellious, and therefore, mask mandates are the only way to ensure that we're all safe. But what this research shows is that it doesn't matter whether you have a mask mandate or not. So that's the first step.

**WOODS:** Yeah.

**CABRERA:** And we heard Governor DeSantis this week when he did his press conference at the Okeechobee Steak House, he said flat-out mask mandates don't work. So at least he's saying that. He's still allowing counties to have their own mask mandates. But this is the first step, is to say that mandates don't make a difference and remove that talking point.

**WOODS:** One thing I love about Ian Miller's charts is the snarky commentary he accompanies them with, because he'll have a chart showing deaths per day in Germany, and you'll see there's a little hill months and months ago, and then it's kind of flat. And then there's a substantial mountain that's suddenly appearing. And he'll say, how interesting that the Germans just all of a sudden apparently decided to abandon their masks. Because of course, we were told that masks are better than a vaccine. By the head of the CDC, we were told four to six weeks of mask wearing would solve the problem. Or he'll say, like, you look at New York or California, and again, the numbers are going crazy. And he'll say, isn't it interesting that at exactly the same time, all these various states just seem to have thrown their masks out the window? And of course, he's being sarcastic. They're still wearing the masks just as much as before. And you have this dramatic spike, and we're supposed to believe that, oh, it would have been even worse without it. The question I ask them — again, this is the key question: what would the chart have to look like for you to say, maybe masks have been oversold? I think it would have to look like the exact charts we have now.

**CABRERA:** Exactly. It's clear that anybody can look around them and see that mass compliance is going up. And in fact, other than models, they actually don't have any data showing that some percentage of mass use is necessary, right? So some public health official came to my city commission in May, and told them that, really, we only need 70% of people to wear masks to slow transmission. That was what she understood at the time. That was what their model showed, is that if 70% of people wore them, we could slow this thing down.

Months later, we're being told the problem is the 1% of people that aren't wearing them, because it's clear that everywhere 99% of people are wearing them. And so we're being told

that that 1% is what makes a difference, and that's why masks are failing, is because 1% of people, when in May they believed 70% was accurate. They just keep ramping it up.

**WOODS:** Right, right.

**CABRERA:** The other thing on the timing, you see this in the media all the time, so today or yesterday or whatever, it was in today's *Gainesville Sun*, *Palm Beach Post* had an article about what a terrible job DeSantis was doing, as the media loves to do. And they have this paragraph:

"DeSantis gave the green light for restaurants to reopen fully in September. Now the state is seeing the number of daily cases reach levels not seen since July."

So you're saying that opening restaurants in September is the reason why cases started accelerating in November. And I mean, *accelerating* isn't even the right word. There's just been a kind of a slight rise, and there's been a big rise that goes along with the rise in testing, but the percent positive hasn't changed very much. The point is you can't say that something that happened on September 25th is the reason for a result in November. And that's what people argue back on Ian's charts about. They're like, oh, yes, you might have put in a mask mandate in May and you didn't see your cases go up till November, but it's still because people aren't wearing their masks. Because they don't understand that you're going to see a result within a few weeks if a policy change makes a difference.

**WOODS:** Imagine what these people in the media would be saying if Florida had the kind of numbers New York is having, or the uncontrolled situation going on in California where you're not allowed to do anything. In LA County, you're basically not allowed to do anything.

**CABRERA:** And haven't been since March.

**WOODS:** Yeah. And not to mention, apparently the most recent statistic has Florida at the second oldest state in the country in terms of population. California is all the way down at number 44. It's one of the youngest places in the country. Obviously, California is going to do somewhat better for that reason alone. It's a miracle that Florida is doing as well as it is compared to these locked-down blue states, and they're doing very badly these days. So they think let's just keep on doing the same sorts of things that haven't worked before.

Now, the other thing, you mentioned seasonality. And I know that the more nuanced people who talk to us about this will emphasize seasonality. And they'll say that's why some of these comparisons may not work, these comparisons made over time. But the typical person on social media is not talking about seasonality. The typical person thinks the entire explanation for when they see a chart and they see the line go up and the line go down, is when the line goes up, people weren't complying; when the line goes down, they were compliant; when it goes up again, they stopped complying again. And I think that is the way most people think about it. So what I like is when Ian or somebody else will take a bunch of states, all different kinds of states with different kinds of policies —

**CABRERA:** — but geographically near each other.

**WOODS:** Yes, so that they are as close to being the same as they can be, and overlaying the different lines of these charts on top of each other, and saying, isn't it interesting how in all these different states, they all decided to stop complying at the same time, and then re-comply again, and then stop complying? That's what's childish, is actually thinking that these lines have to do with compliance. And by the way, North and South Dakota is a great example. Recently, if you saw, there's a big hill that appears in the chart for both North and South Dakota. North Dakota did impose some restrictions in November that South Dakota did not. They got exactly the same result. Exactly. At this point, you don't even know whom you're supposed to blame. These people are dying to blame somebody, but man, the science sure makes it tricky.

**CABRERA:** No question. And I want to talk about seasonality for a minute, because it's a concept that has not been acknowledged by public health officials at all. And I'm just astonished at the supposedly educated people I talk to – doctors, university people, epidemiologists – who don't acknowledge seasonality, when it's the clearest thing in the world that this is a seasonal virus.

And the way you can tell that is if you follow Justin Hart, for example, he publishes periodically, these heat maps. And what it is, is it takes the percentage of people going to an emergency room for COVID-like symptoms by HHS region. And it's astonishing because you see a region all together, the color gets darker, and then it comes back down. And always, it goes up for about four weeks, it goes down for about four weeks. This always lasts about eight weeks everywhere. And then you see it move by regions, that a whole region will get hit, go up, go down.

All the other regions are light, very little viral activity during that period. And people have this idea like, well, we're all in the United States, it all goes – no. What you're seeing in terms of United States statistics is just an addition of like all the different regions. And so when we're into respiratory virus season like we are now, then pretty much everybody is seeing a slight elevation, which leads to high overall numbers. But it doesn't mean the US is hitting its seasonal peak, except for kind of this increased background respiratory virus activity.

But what we see right now is it's almost all in California. In other times in the summer, obviously it was Florida, Arizona, California, Texas, although California does not hit nearly like it's being hit out. And the most recent was the upper Midwest. They went through a big – remember when Wisconsin was in all the headlines because their hospitals were supposedly overrun? They're not in the headlines anymore. The Northeast is getting hit again. So we're seeing it goes by region, and there's no question about this. We can't tell you for sure why. There's a guy named Hope-Simpson that wrote a whole book about it, but for whatever reason, the epidemiologists won't even talk about this. But it is the explanation for why it goes up and down in different regions at different times. And it has nothing to do with masks or anything else.

**WOODS:** I want to talk about something that our friend Jordan Schachtel wrote about in his newsletter. This was about a week and a half ago. He had an issue that was called "Biden's 100-day COVID plan is a destructive ruse that is guaranteed to succeed." And what he was saying was that when you look at what Biden seems to be indicating he's going to do, it's things like I'm going to ask people to wear masks for 100 days. He should say 100 *more* days, because it's not like they're not wearing them. In fact, if Biden asked them to do it, there are

plenty people who would be less likely to do it. But anyway, so we're going to wear masks for 100 days. So totally uncreative. People have been wearing masks all over the world, and if it made much of a difference, it would be obvious, and apparently it doesn't.

Then he's saying, we're going to try and get schools open at the end of those 100 days. It's ridiculous that schools aren't open in any particular place. There's no science saying there should be 100 more days. No country in the world that's doing that. But okay, he'll do that. And then the vaccinations will be carried out in the midst of all this. And he knows surely, that with the weather changing at the end of this, he'll be able to say: look, the cases are going down. This goes to show that if you get a scientist in here, people willing to listen to the science, so-called, you can really get this thing down. And he can declare victory. Do you see that as a likely outcome of what he's proposing?

**CABRERA:** I do think Jordan's right on the timing. I can't speak to the motives, or I can't speak to whether anybody on Biden's team knows anything about seasonality. I don't think they do, honestly. But motives aside, it's clear that the plan that we will be in somewhat of a lull by April, clearly.

One more thing about seasonality, because it's important. This pattern of going up for four weeks and coming down from four weeks, politicians tend to panic at the peak. And Ian's got this in a lot of his charts –

**WOODS:** Oh, yeah, things have already started to come back down by the time they get their act together and put in the restrictions.

**CABRERA:** Exactly. So then they take credit for it. So it's this kind of, if things go the wrong way, it's the people's fault. If things go the right way, it's the politicians' credit for putting in restrictions, that then they later claim people aren't following. None of that makes any sense.

**WOODS:** So as 2020 rolls around and people are getting vaccinated, here's what I would like to think will happen, that some of the people you and I have just had a very, very hard time reaching, who just are going to listen to Dr. Fauci no matter what – and some of these people have made sacrifices. Some of them are completely unreasonable. Others are just not that curious, and they just think that the experts probably know what's best for them. They just haven't looked into it. But they've made sacrifices in their lives. But they're probably thinking, all right, we've got a vaccine, so now, surely, we can start thinking about getting back to normal? If they start getting told, at least in some places, no, you still can't and you still have to do this and you have to do that – do you think we're going to peel more people off team apocalypse and onto team reality? Or do you think that the fault lines are so severe that nothing is going to peel them off?

**CABRERA:** I think the fault lines are very severe. I thought in April that people would start pushing back more against this, and we really haven't seen it at all.

**WOODS:** I keep trying to put myself in the shoes of these folks, and part of it has to be that everywhere they turn, they're told that all the respectable people believe X. Now, by the way, at this point as an American, you should have no excuse for hearing *all the experts think such-and-such* and not being suspicious that maybe the truth is the opposite of it. We've been through this so many times at this point. Like when I hear, *Look at all these Secretaries of*

*State, former Secretaries of State. They're voting against such-and-such candidate, I immediately think, oh, I like that candidate. I don't think, oh, all the Secretaries of State — these are some of the worst people ever. It would never occurred to me to think that way.*

But I am trying to think the way these people think, and so in the media, they have panic stories. They get stories about mysterious symptoms and children, and then that story gets abandoned. And they're told about long COVID, and then they abandon that when other panic stuff comes up. And then they're told that the only people who disagree are neo-Nazis in Germany or something like that. And everywhere they turn, the big corporations, they've got the stickers on the floor, stand six feet apart — well, I mean, it is an overwhelming propaganda campaign. You have to be unusually intellectually curious to resist that.

**CABRERA:** Well, sure. The "experts say" thing is perhaps the most insidious thing, because they never even say who it is, and when they do, they just have their little stable of team apocalypse people that are willing to say whatever needs to be said. And they say, oh, well our expert — do they ask Dr. Bhattacharya? Do they ask Dr. Kulldorff? Do they ask Dr. Gupta? No, they do not, because they don't want to hear what they have to say. They have their little stable of experts, and they trot them out when they need something said.

I don't know how to fix this. I really don't, because it's the vaccine thing, it's infuriating the way some of the states — now, Florida is not one of them. I think Florida is going about this pretty much the right way. But many of the states have announced that they're going to give out vaccines based on equity, that they're going to base it on race and things like that, instead of vaccinating the people who are most likely to die, which is the elderly and particularly the elderly in nursing homes. That is how you save lives. There's no question about this. But they can get away with this kind of race-based equity vaccine distribution, because they have very rarely told us the most important thing to know about COVID, which is that the death rate for people over 65 is 1,000 times higher than the death rate for people under 40. And if they had been saying that, broadcasting that on a daily basis, if that was the message that we heard above all, then everything would be different. But instead the message has been consistently: if you get this, you could die. Try not to get it, because you could die. And if you don't die, you'll get long COVID, and your kids will get Kawasaki disease or whatever.

**WOODS:** Yeah.

**CABRERA:** *It's bad things happen if you get COVID. Don't get COVID.* Imagine if the message was that your grandma, who has 1,000 times more risk of dying this than you do, the best thing young people could do is go about normal life, build up immunity in the community at very, very, very low risk, and stay away from grandma and grandpa's if you're sick, obviously. But if we had done that, this would have all pretty much run through the communities pretty quickly, and then the elderly would be safe. Instead, they've kept us from building up any resistance in the community, and therefore, we're having to protect grandma for now nine months. And you can't protect grandma forever. So I think we've gone about this the entirely wrong way, but it's because we're not told consistently about this age-stratified risk.

**WOODS:** In a way, it reminds me of what was said about AIDS in the 1980s. We heard over and over again "AIDS is not just a gay disease" over and over and over. They had to give the impression that everybody was at risk, the same way that for some reason, they want to give that impression here, because anybody could die from it. Now, of course, as with COVID, that

is in a very technical sense true. In a very technical sense, anyone could die of AIDS, but only in the sense of anyone could also get struck and killed by a passing horse at the Kentucky Derby. But you won't if you don't do certain things.

Now, with COVID, it's a little different, because you could get it in spite of what you're up to, but the point is the same, that in both cases, you have a very clear, obvious group of people who are most susceptible to this. And for some reason, there is this hesitancy to point this out, even though it would be of benefit to everyone concerned for us to pinpoint exactly who's at risk. It is crazy. And then meanwhile, these are the people telling us to listen to the science. I mean, how can you hear the phrase "listen to the science" anymore without a smirk? I don't see how.

**CABRERA:** "Listen to the science" means bend to our religion, and you must follow our dogma. That's what it means. It does not mean let's have a discussion about the evidence, which is what it should mean. It's hard to point to a biggest public health failure in this, but probably this idea of age-stratified risk is the biggest one. And the fact that so many people, the fact that teachers are terrified to go back and teach because they'll die, that's a massive messaging failure. And it seems intentional. And by the way, the same guy that was telling us that stuff about HIV is the same guy telling us this about COVID.

But I want to go back to one thing you said, which was that you could catch COVID regardless of whatever – you know, that if you don't step in front of a horse at the Kentucky Derby, you can't get killed, but you can catch COVID anyway. The point is, if you're in one of these lower risk groups, you can catch COVID and barely notice it.

**WOODS:** Yeah.

**CABRERA:** It's not about catching it, because this has all been conflated, that catching it is deadly. Catching it is not deadly. The number of people per age that die of it is massively age-stratified, so catching it is no big deal for the vast majority. And by vast majority, I don't mean more than 50. I mean, 99.99% of young people.

**WOODS:** Do you remember years ago when Ross Perot was running for president, he did a lengthy infomercial, where he probably went against every bit of marketing advice ever devised, because all he did was hold up a bunch of charts and talk about the national debt? And somehow, he did make an impact in that election. Bill Clinton did not win a majority of the popular vote; he won a plurality. He really made a difference, Ross Perot doing that.

What I would love – again, I don't know what the impact would be, but man, if Ross Perot had some charts about the national debt, oh, my gosh, we have an embarrassment of riches when it comes to charts, charts that absolutely decimate the other side's position. And it just seems like Trump has a little time left. I know he's a lame duck. But doggone it, bring our people in there, get those charts in front of the general public, and force these people to have to explain every single one of them away. I mean, have 75 of them relentlessly, one after the other, complete with Ian Miller's snarky commentary. Because that's really what drives it home, that clearly and obviously, this chart has nothing to do with any of our interventions. And basically, what's been happening is your lives have been ruined for no good reason, and they want to keep on doing it and we want to stop that. What does he got to lose? Why not do that?

**CABRERA:** I know. Trump seems completely uninterested in COVID these days, which is a massive disappointment since he was kind of signaling before the election that he would get rid of Fauci. He's done nothing except send Atlas home. I mean, to be fair, Atlas had was at the end of his contract, but I suspect he could have renewed if somebody was interested.

So I have been advocating for months that the White House should put on a public panel discussion, whatever you want to call it. Let Fauci and Redfield and them get up, and then bring up Bhattacharya and Kulldorff, and let's have it out. Present your evidence, and let the other side present their evidence, and let the American public see it. Nobody's been interested in doing this.

Governor DeSantis did a panel discussion with these guys months ago. It's fascinating, but it's gotten very little play. I'd like to see Blaze TV, for example, do a longer form presentation, but again, they don't have that high viewership relative to the American public. Tucker Carlson could do something. But I don't see how to get something like this into the mainstream, because the mainstream is completely uninterested in it.

**WOODS:** Yeah.

**CABRERA:** But it needs to be done. The American public need to see the evidence, and it's just being suppressed. Even when a talk show host on Fox brings on Dr. Bhattacharya, he goes on for what? Six, seven minutes? He can only talk about one tiny thing. He needs the opportunity to present the entire Great Barrington Declaration plan, present why each step of it matches the data and the science, explain why they believe their plan is better than the current plan. We never see that.

**WOODS:** One thing I remember fondly from the late '80s, early '90s was Bill Buckley's how *Firing Line*, which it's hard to imagine it was on public television, but it was. And he used to have every once in a while a *Firing Line* debate, and it would be an hour or two. And it would be a three-on-three debate. It would be to intellectuals head-to-head, and then two like policy people, and then two people from the entertainment world. So I remember once it was the guy from *Ten Commandments*. I can't think of his name, but I'll think of it. It'll come to me. But he was up against Dennis Weaver. So but it was a three-on-three debate. Each team had one of each of those sorts of people. Charlton Heston was the name I was thinking.

Anyway, and they would have these amazing debates where it would be a formal debate, and each side would get up and have an opening statement, and then they could ask each other questions, and it was contentious and interesting. And I always thought, when Judge Napolitano had his own show on Fox, I recommended to his producer – I was ignored even though the producer knows me and should have listened to me – I said, you know what would be interesting and would be unlike anything on television, would be if for one or two episodes of the show, you turn it into a *Firing Line* debate. You get the best people on both sides on something contentious. At that time, it was foreign policy. And you get the best people on both sides, and you just tell viewers they're going to hash it out in front of your eyes, without any mealy-mouthed moderator or whatever, and it's going to be fantastic. I would like to see that.

Tucker Carlson could do that, and say, I will not muzzle anybody on either side. All we'll have is a timekeeper. We're going to turn off your mic after your time is up, but otherwise, you can

talk. That would be excellent. You're telling me people wouldn't tune in for that? You've got to be kidding me.

**CABRERA:** I think they would, and I don't understand that nobody is interested, and everybody seems to be — the people on the left just want to "listen to the experts," quote, "listen to the science," the trademark science, follow the religion, shut everybody else down. And the people on the right seem to just want to endure this. Get through it, get to the other side, don't make too much of a stink that might get you cancelled, try not to get fined, try not to get your business license revoked. I understand all that, but I'm saying the attitude on the right is just to keep your head down, don't get in trouble, get through it.

**WOODS:** Yeah.

**CABRERA:** We have to fight back harder.

**WOODS:** Yeah, totally agreed. So I think this would be a great thing, because for one thing, it would show people that there is another side to the discussion.

**CABRERA:** A credible other side.

**WOODS:** Yeah, and you just haven't heard it. And these people are super credentialed, if that matters to you. So all right, tell me about — you and I sort of comment on this material every day, and I feel like sometimes I'm just repeating myself, because after a while there are only so many new things you can say about it. But on the other hand, in recent weeks, have there been any new things that you've been talking about that are somewhat different? For example, there is this new strain, or is there — hat have you been writing and publishing and tweeting about, that's current, that takes it in a new direction, let's say?

**CABRERA:** I mean, really, the vaccine is the newest thing, because it has the potential to kind of change everything if we allow it to. So one thing about the vaccine is that, for example, it's being recommended that you get the vaccine, even if you've had COVID. So we're saying the vaccine provides some immunity, but getting the disease doesn't provide immunity. That's nonsense. So we should acknowledge that people who've had COVID have immunity. We should be prioritizing doses to people who haven't had it. So there's a lot of just nonsense around the vaccine. And then, oh, you have to still keep wearing a mask, and you can't travel, and you have to socially distance after you've had the vaccine, because we don't know whether it prevents transmission. And okay, but why don't we proceed on what we know, instead of constantly talking about what we don't know, and acknowledge that the vaccine must reduce transmission by some percentage?

I keep pointing to Florida, because although Florida has counties with mask mandates, it has full occupancy in all businesses. So counties are not allowed to shut down businesses, and they're not allowed to reduce occupancy in businesses. And this is one of the big — you see New York, you see London just went into a major lockdown. Of course, California is still locked down. New York's going into another lockdown. But in Florida, schools are open, businesses are open, people eat in restaurants, full restaurants, next to each other at tables. We're demonstrating that nothing terrible happens when you do these things.

We need more actual people willing to take that risk of saying, I understand the science of this, I understand the likelihood of asymptomatic transmission, which turns out to be very, very, very small – even in households, which is the highest-risk place. I understand all of this, and the science shows that there's not much transmission in restaurants, and we're just going to open up and see what happened. Guess what: we did that three months ago, almost, and nothing terrible has happened. And you can say, yes, hospitalizations are up, yes, cases are up. But if you go look, I highly recommend a Twitter account, @HoldLLC. He has tons of charts – I read a lot of them – that show Florida, New York, Illinois, New Jersey, California on the same graph, and you can see that while Florida is rising, it's very, very gentle compared to some of these other states. Again, seasonality is an issue. But the point is that if the forecasts were true, if opening up means that everything's going to go out of control, clearly that's false.

**WOODS:** I just ate at a buffet last night, a buffet, where I used the same spoon to put food on my plate that the previous person used.

**CABRERA:** [laughing]

**WOODS:** How about that? I feel like I'm on a kamikaze mission or something according to what people are telling me. But actually, it was perfectly fine. But yeah, incidentally, I have tickets, I have a couple of concerts coming up at the King Center in Melbourne, because I'm in Central Florida. And then I've got tickets to see Rob Schneider, the comedian, the actor doing standup also in Melbourne. Now, by the way, Rob Schneider from *Saturday Night Live*, do you remember him?

**CABRERA:** I don't. I'm not very good with names.

**WOODS:** Oh, all right, listen, I'll send you a couple of clips, because he's a really great guy. He made a bunch of movies with Adam Sandler, and he has a Netflix special right this minute, a comedy special. And he is 1,000% sound on all this lockdown stuff. And he lives in Arizona now, but he has been constantly publicizing the recall effort of Newsome, and he is anti-lockdown completely. And I mean, there aren't that many in the entertainment world willing to stand up, but man, has he been great. So yeah, I mean, I'm living as normal a life as a person can possibly live. We just took a couple of my kids to see *Matilda* at the Garden Theater in Winter Garden. And I tell them in the car, I tell them, listen, in much of the country, maybe most of the country, what we just did would have been impossible and hasn't been possible for months and months and months. And we can't forget that we're fortunate to be where we are, because there are a lot of people who have lost hope, because these little innocent joys like the one we just experienced have been taken away from them.

**CABRERA:** I go to a restaurant that's in a rural city that announced in June that they were following the governor's orders, and they weren't following accountant orders. So even though our county has a mask mandate, they're like, whatever, the state doesn't have a mask mandate, we're not doing it. So I go to this restaurant. We go once a week. And it's a very small place; the same guys work seven days a week, as far as I can tell. And they only have two or three servers, and so it's the same people working every single day. None of them wear masks. And so the argument would be that if they don't wear masks and if the customers don't wear masks, which they don't, that these employees would not be protected from COVID and that somebody would die or somebody would be in the hospital.

In fact, there's been no disruption at this restaurant whatsoever, in spite of the fact that they've been open since everything reopened in Florida in early May. And there's been no disruption at all. They just kind of keep going. Same guys work in the kitchen, day after day, no masks, no COVID spread. And I really think that's what we would see everywhere, because it's clear. I mean, the whole point, going back to where we started this, there's no evidence that masks make a difference.

**WOODS:** Yeah, and so much of the other stuff.

**CABRERA:** You could argue that if you're worried about catching a virus, it makes sense to keep your distance from other people. Fine. Keep your distance from other people.

**WOODS:** Yeah, just do it. Yeah, just go ahead and do it. And maybe some people, they just have a different risk tolerance than you have. And then also, the thing is, what they come back to, though – and we'll end on this – is maybe in principle, we could live that way. The problem is, we have limited hospital capacity – which by the way, maybe we need more hospitals. Like I don't know. But the idea that there's this one sector of the economy that is so fragile, that you can't live because you have to protect it, there's no other sector of the economy that – I mean, food is even more important than hospitals. I could survive without a hospital if I absolutely had to. I couldn't survive without food. And we don't say, well, the food supply is just so fragile that from time to time, you have to stay locked in your house. There's something screwy with this. But they'll say you won't be able to get a hospital bed if you need one. So I mean, what's the answer to that?

**CABRERA:** Well, I think you probably know this, but most people don't. Hospital beds have to be approved by the government. You can't just go build a hospital, right? You have to prove that the beds are needed. And now they're telling us there's not enough beds, so we have to shut down. Whose fault is it that there aren't enough beds? And *if* there aren't enough beds – which by the way, has never happened anywhere.

Some systems have been strained, especially when you've got half your nurses are having to teach their kids at home because their kids aren't going to school, so you lose half your workforce – not half, but there's a significant chunk of the medical workforce that's out because their kids are out of school. And when you quarantine people, send them home for 14 days every time they're exposed to COVID, you're going to have staffing shortages. So the policies have kind of added to their problems. But we haven't seen anything more than *strain* hospital systems anywhere, and that happens regularly during bad flu seasons. There's tons of stories from 2018 about strained hospitals. But we could have more hospital beds if government allowed it.

**WOODS:** And because of the certificate-of-need regulations in some places, the other hospitals get to decide whether there need to be more hospital beds.

**CABRERA:** Exactly.

**WOODS:** There's something a little screwy about that. All right, RationalGround.com is a website you should all be checking out. When I made up a list of resources that I gave to those state legislators I spoke to, I put RationalGround.com, and I put your Twitter account as two of the resources that every single one of them should be consulting on a regular basis. So

I'll post those at [TomWoods.com/1801](https://TomWoods.com/1801), as well as a link to the mask research we spoke about at the beginning. Is there anything else you'd like me to link to?

**CABRERA:** No, I think that's good. I mean, I retweet anything from other people at Rational Ground that fits my personal message. And the problem with RationalGround.com is that we're all pretty much all volunteers, and so much of our work doesn't even end up there, and it ends up on our Twitter because we're just throwing things out into the ether instead of taking the time to write [laughing]. Nobody really has the time to write fully documented articles. But so we retweet each other, we retweet other commentators and scientists and public health officials from all over the world who are saying things that we think are important. Oh, so the other one is – what is it? PANDData.org?

**WOODS:** Yes, Nick Hudson.

**CABRERA:** Those guys are doing just – they're much more serious than we are. They're much more credentialed. They're actually scientists. Yes, it's PANDData.org, and the organization is PANDA, and they do very serious work. So it's much more technical than what we do at Rational Ground. We do more data-oriented stuff. They do more scientific and policy-oriented work there, and it's very important to work that PANDA's doing.

**WOODS:** Yes, PANDA, Pandemic Data and Analytics. I've had Nick Hudson on the show, and he's a fantastic guy too. And I didn't know Ivor Cummins personally, but Nick did, so he put me in touch with him. Like we're all becoming – and then I got an email the other day. I can't say who the other recipients were. Because of this weird society we live in, I'd better not say. But I looked at it. About eight of us got this email, and it was all people and all people who have been trying to fight back with the narrative, and I thought, wow, I've really made it if I'm in this group of people [laughing]. But we've become a little community, where I feel like I've met some very, very top-quality people, the sort of people who, even though they know that they're going to have their names dragged through the mud and accused of all sorts of terrible things and that they are taking a risk, that they do stand up at a time like this, because if you won't stand up now, you're never going to stand up. And nothing else is worth standing up for if not life itself, for heaven's sake.

Anyway, Jennifer, I appreciate your time, especially, I'm going to spill the beans here and tell people that we're recording this on a Sunday, which I've never asked anybody to do. But I wanted to make sure we got this out in time for Monday and as the year is wrapping up. So thanks so much.

**CABRERA:** Thank you so much for having me on to let me talk about this.