Suicide by COVID19

IS RISK ANALYSIS DEAD?

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Good Intentions Paving Co.
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Risk analysis failed five key tests

1. Credible information quality
2. Objective risk assessment
3. Informed risk management
4. Responsible risk communication
5. Pandemic scientization

Risk analysis failed five key tests

1. Credible information quality

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a. China
b. Key terms are ill-defined and inconsistently and/or politically applied ('case', 'infection', 'fatality')

Risk analysis failed five key tests

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a. Imperial College London
b. University of Washington IMHE
c. CDC
d. States

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a. Politically legitimate objective function
b. Variability and uncertainty
c. Alternatives
d. Opportunity costs
e. Unintended consequences

3. Informed risk management

a. ~~Politically legitimate objective function~~
b. ~~Variability and uncertainty~~
c. ~~Alternatives~~
d. ~~Opportunity costs~~
e. ~~Unintended consequences~~

"Protecting those who don't need protection from a hypothetical threat using ineffective methods" – John Bukowski, DVM

Rate ratios compared to 18–29 year olds

	Hospitalization[1]	Death[2]
0-4 years	4x lower	9x lower
5-17 years	9x lower	16x lower
18-29 years	Comparison Group	Comparison Group
30-39 years	2x higher	4x higher
40-49 years	3x higher	10x higher
50-64 years	4x higher	30x higher
65-74 years	5x higher	90x higher
75-84 years	8x higher	220x higher
85+ years	13x higher	630x higher

https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html

3(a) Politically legitimate objective function

- 'Flatten the curve'
  - Minimize risk of hospital capacity disaster
- 'Stop the spread'
  - Minimize net cost
- 'Social welfare maximization'
  - Maximize net benefit (or minimize net costs) of government responses
- First two were ruses; third was never considered

3(b) Variability and uncertainty

- Risks from COVID
  - Major risk to infirm and elderly
  - Minor risk to most adults
  - Virtually zero risk to children
- Risk management responses to COVID
  - Major risk to blue collars
  - Minor risk to white collars
  - Virtually zero risk to risk analysts and other elites

3(c) Alternatives

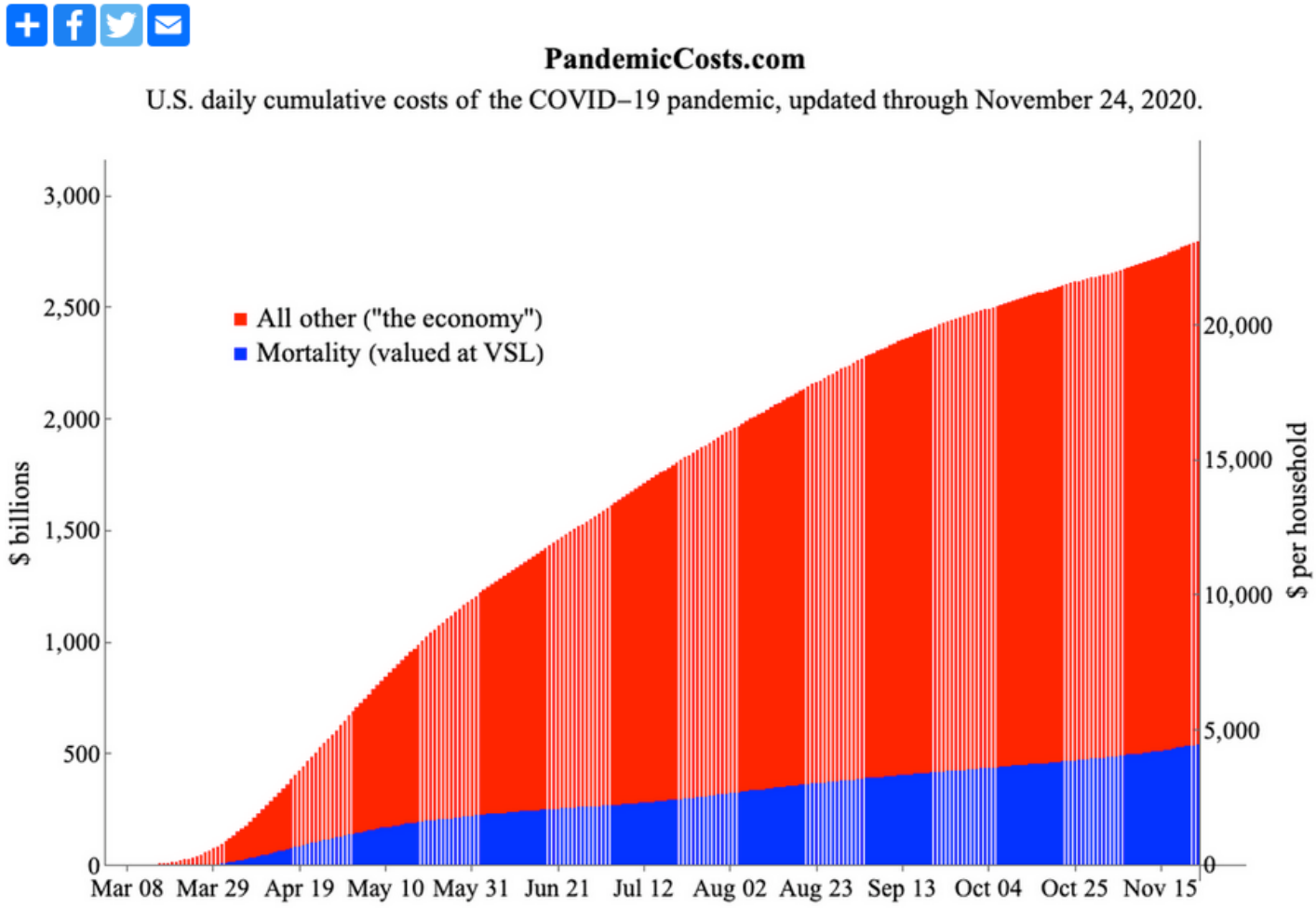
- Emphasis on virtue-signaling
- One-size-fits-all mandates
  - 'Essential' v. 'nonessential' businesses
  - Home imprisonment and economic lockdowns, with some loopholes
  - School closures, with no loopholes
- Targeted protection options ignored

3(d) Opportunity costs

- Economic lockdowns
- School closures
- Suspension of ‘non-essential’ health care

Cumulative pandemic costs

http://pandemiccosts.com/



Sources: Mulligan (2020), BLS Employment Situation, DOL Initial Claims reports, Bick and Blandin (2020), Google Trends, Johns Hopkins, Coibion, Gorodnichenko, and Weber (2020). Subject to revision as new data becomes available.

Lost individual lifetime income due to Corona-induced learning loss

Learning Loss *	Pooled Sample	US	Greece [lowest]	Singapore [highest]
0.25	1.9%	2.3%	1.1%	4.2%
0.33	2.6%	3.0%	1.5%	5.6%
0.50	3.9%	4.6%	2.3%	8.4%
0.67	5.2%	6.1%	3.0%	11.1%
1.00	7.7%	9.1%	4.6%	16.1%

* School-year equivalent.
Source: Hanushek & Woessman 2020.

3(e) Unintended consequences

- Increasing disbelief in science
- Increasing distrust of scientists

Risk analysis failed five key tests

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4. Responsible risk communication

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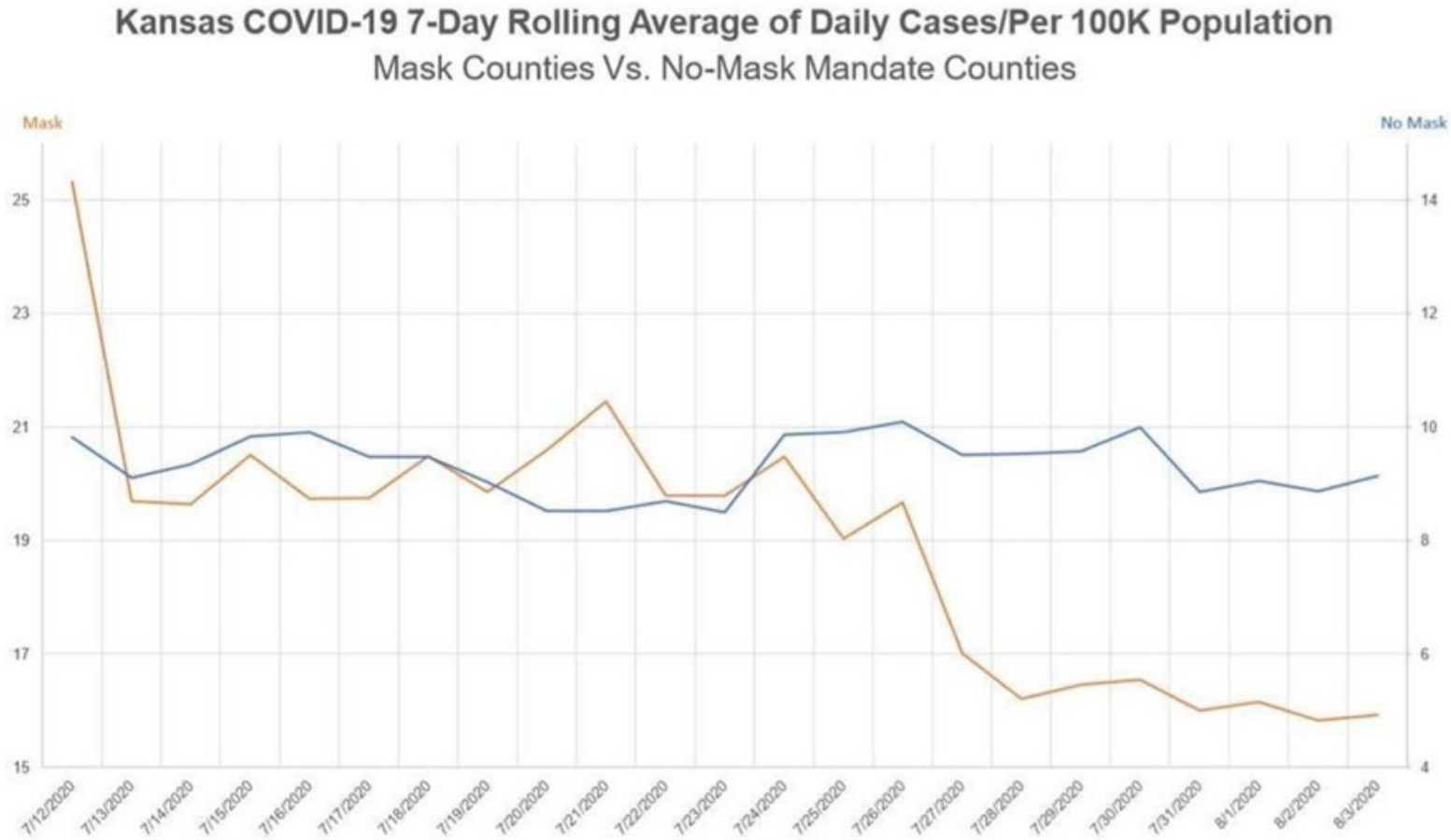
a. Conflicting messages
b. Unsupported policies
c. Lies in defense of policy (KS example)
d. Hubris
e. Megalomania

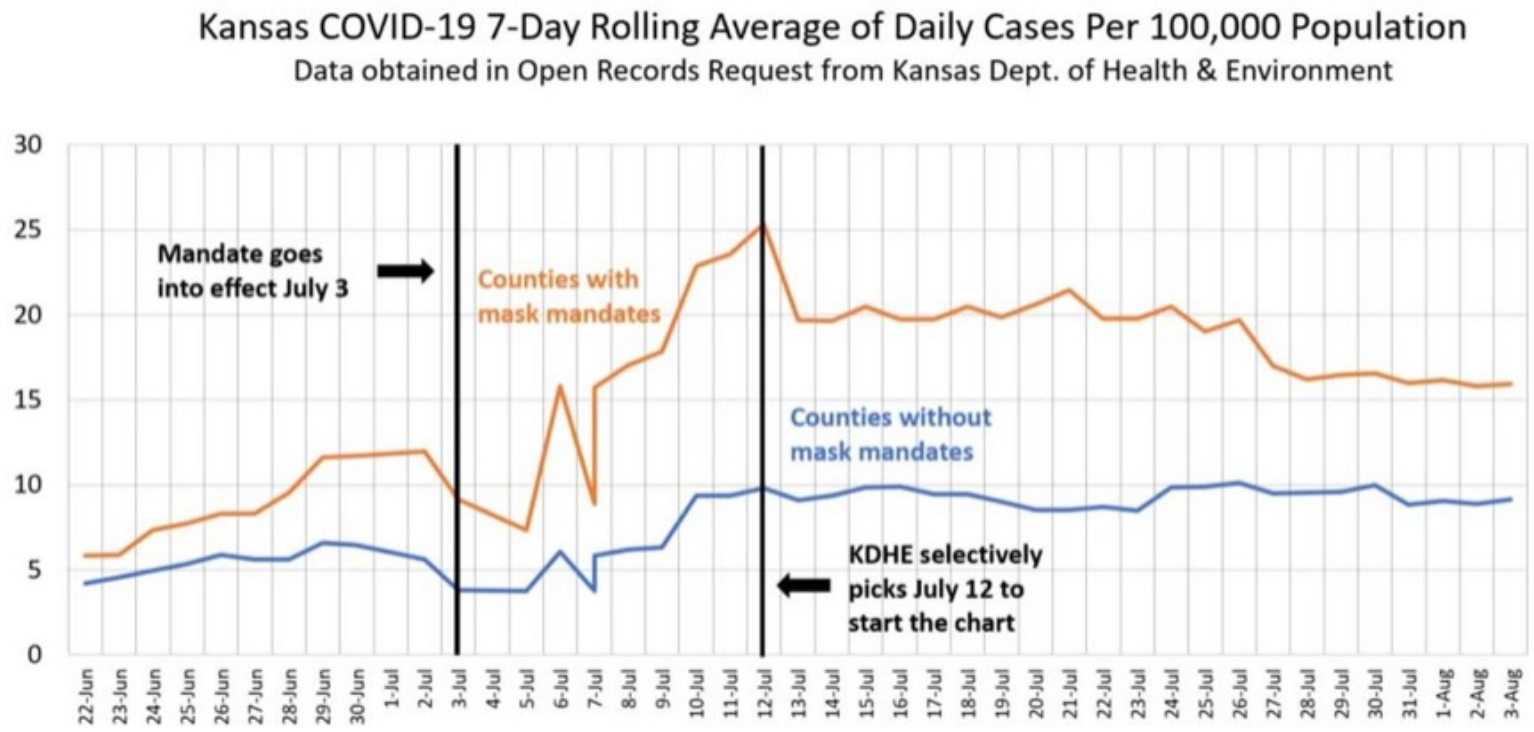
Public health risk communication: Mask mandates work



The original Kansas Department of Health and Environment chart displayed by Dr. Norman.

PHOTO: KDHE

Public health risk communication: Mask mandates have no effect



The remade Kansas Policy Institute chart putting the state's Covid-19 case data into proper perspective.

PHOTO: THE KANSAS POLICY INSTITUTE

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5. Pandemic politicization of science, scientization of policy

5. Pandemic scientization

Scientism

- Science as religion
- Science bereft of data or testable claims is true.

Scientization

- Usurpation of policymaking by scientists
  - Scientists' values are superior.
  - Partisanship is scientific when scientists do it.

5. Pandemic scientization

- Arises when
  - Scientists presume the right and authority to make policy decisions, and policy officials allow them to do so
  - Scientists claim they are being ignored or disrespected when policy officials push back
- Examples
  - Scientists forego scientific method
  - Scientists answer policy questions

Actions and consequences:
What risk analysts did wrong

1. Trusted low-quality data, mostly from China
2. Produced non-reproducible risk assessments
3. Recommended destructive remedies
4. Deceitful risk communication
5. Engaged in rank partisanship

Error 1:

Trusted Low-quality data, mostly from China

- Suppression of truthful information
- Dissemination of false information
- Denial of international access
- Destruction of WHO's credibility
- Willing co-option of scientific journals
- Blame-shifting
- Retaliation
- Comically transparent self-interested propaganda

Error 2:

Produced non-reproducible risk assessments

- London model
- UW model
- CDC

Error 3:
Recommended remedies without analysis

- Masks/cloth face coverings

Do masks work?

- CDC 03/17/20:
  - 'Permit asymptomatic exposed HCP to work while wearing a facemask',
  - 'Allow mildly symptomatic HCP to work while wearing a facemask'
  - 'consider requiring all HCP to wear a facemask when in the facility depending on supply'

Do masks work?

- CDC 4/3/20
  - ‘CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) especially in areas of significant community-based transmission’
  - ‘CDC is additionally advising the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others’

Do masks work?

- CDC 4/10/20
  - 'facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand'
- CDC 4/14/20
  - 'it is recommended that drivers wear an N95 respirator or facemask (if a respirator is not available)'
  - 'the passenger should wear a facemask or cloth face covering'

Do masks work?

- CDC 5/14/20
  - ‘If you are immunocompromised, the best way to prevent COVID-19 is to avoid being exposed to this virus’

Do masks work?

- CDC (5/7/20)
  - ‘Every American has been called upon to slow the spread of the virus through social distancing and prevention hygiene, such as frequently washing your hands and wearing masks.’

Do masks work?

- WHO (6/5/20)
  - ‘the widespread use of masks by healthy people in the community setting is not yet supported by high quality or direct scientific evidence"
  - Potential benefits: ‘making people feel they can play a role in contributing to stopping spread of the virus’
  - Potential costs: ‘increased risk of self-contamination’, ‘false sense of security’

Do masks work?

- Bundgaard et al RCT (11/18/2020)
  - Objective: To assess whether recommending surgical mask use outside the home reduces wearers' risk for SARS-CoV-2 infection in a setting where masks were uncommon and not among recommended public health measures.
  - Results: Between-group difference infection rate: −0.3 ppt (95% CI, −1.2 to 0.4 ppt; P = 0.38) (odds ratio, 0.82 [CI, 0.54 to 1.23]; P = 0.33).

Error 3:
Recommended remedies without analysis

- Masks/cloth face coverings
- Contact tracing

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- Masks/cloth face coverings
- Contact tracing
- Economic lockdowns
- Health effects from suspended health care
- School closures

Error 4:
Deceitful risk communication

- 'We are experts'
- Bait-and-switch
  - 'Flatten the curve'
  - 'Suppress the virus'
- 'Cases': low-quality data by design
  - Positive tests vs. hospitalization/death
  - 'We're all in this together'
- 'Remedies are working', sometimes after the fact

Error 4:
Deceitful risk communication

Error 5:
Engaged in rank partisanship

- Political endorsements
- Politically selective contact tracing

Nontransparent modeling, substandard computer code

News Stories December 2019

Source [Date]	Headline • Key Information
Reuters 30	'Chinese officials investigate cause of pneumonia outbreak in Wuhan' • 27 'infections' • 'The cause of the disease is not clear'—People's Daily • 'An investigation and cleanup were under way at a seafood market in the city' • 'Initial laboratory tests showed that the cases were viral pneumonia' • 'No obvious human-to-human transmission had been found and no medical staff had been infected'--Wuhan Municipal Health Commission
SCMP [31]	'Hong Kong takes emergency measures as mystery 'pneumonia' infects dozens in China's Wuhan city' • 27 'infections', 'most of them stall holders at the Huanan seafood market', like SARS 2003 • 'No human-to-human infection had been reported' • 'We are not sure about the reasons behind the outbreak

Who's 'following the science'?

We shall contain SARS-CoV-2 with "confidence and solidarity, a science-based approach and targeted measures"

- Scott Atlas
- Joe Biden
- Deborah Birx
- Andrew Cuomo
- Anthony Fauci
- Boris Johnson
- Gavin Newsom
- Nancy Pelosi
- Mike Pence
- Robert Redfield
- Bernie Sanders
- Donald Trump

Will a vaccine be available in 2020?

Yes

- Donald Trump

No

- Anthony Fauci
- Robert Redfield

Who says a vaccine will be safe?

Yes

No

- 2/3 of US voters (USA Today/Suffolk Poll), 9/4/20

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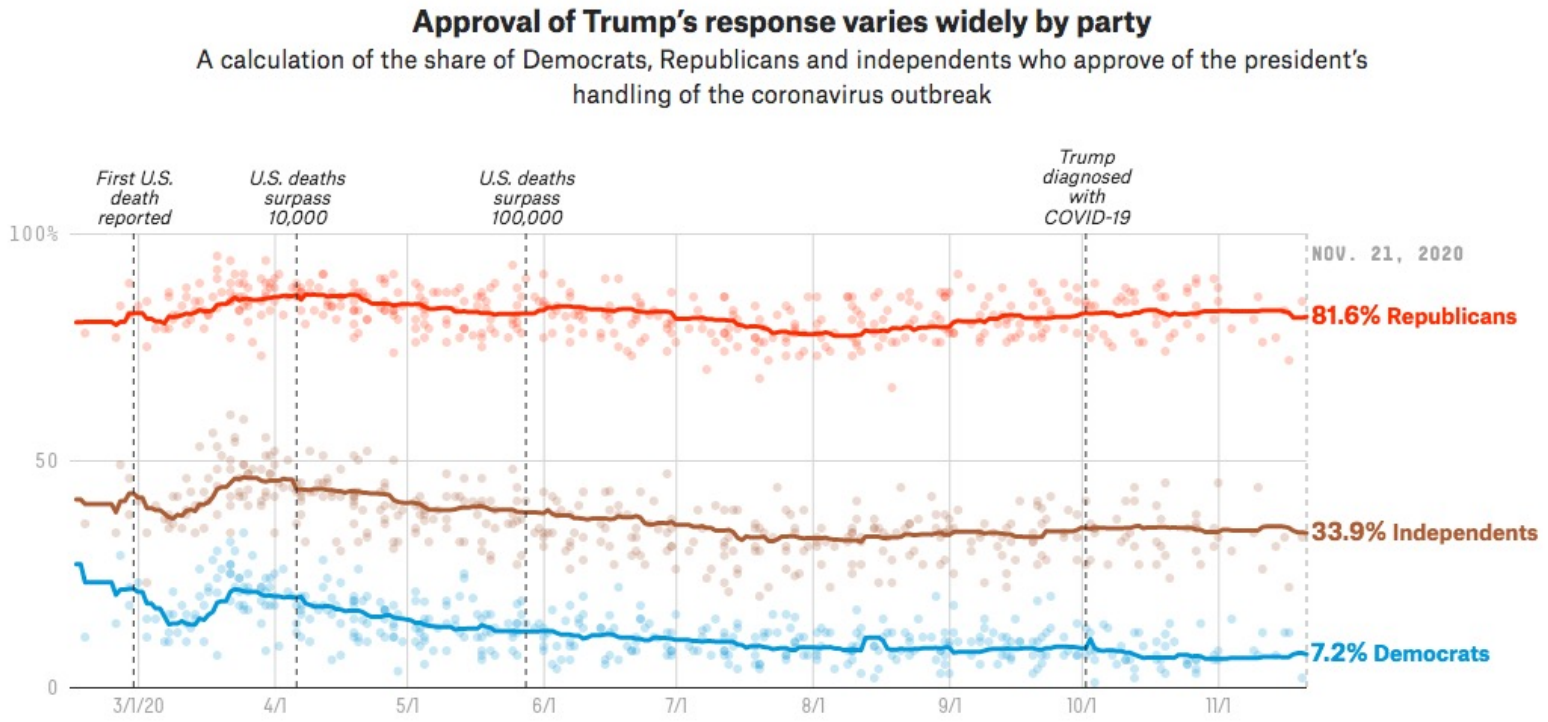
Disciplinary tunnel vision

Scientism

Deceit

Rank partisanship

The World's First Ideologically Selective Virus

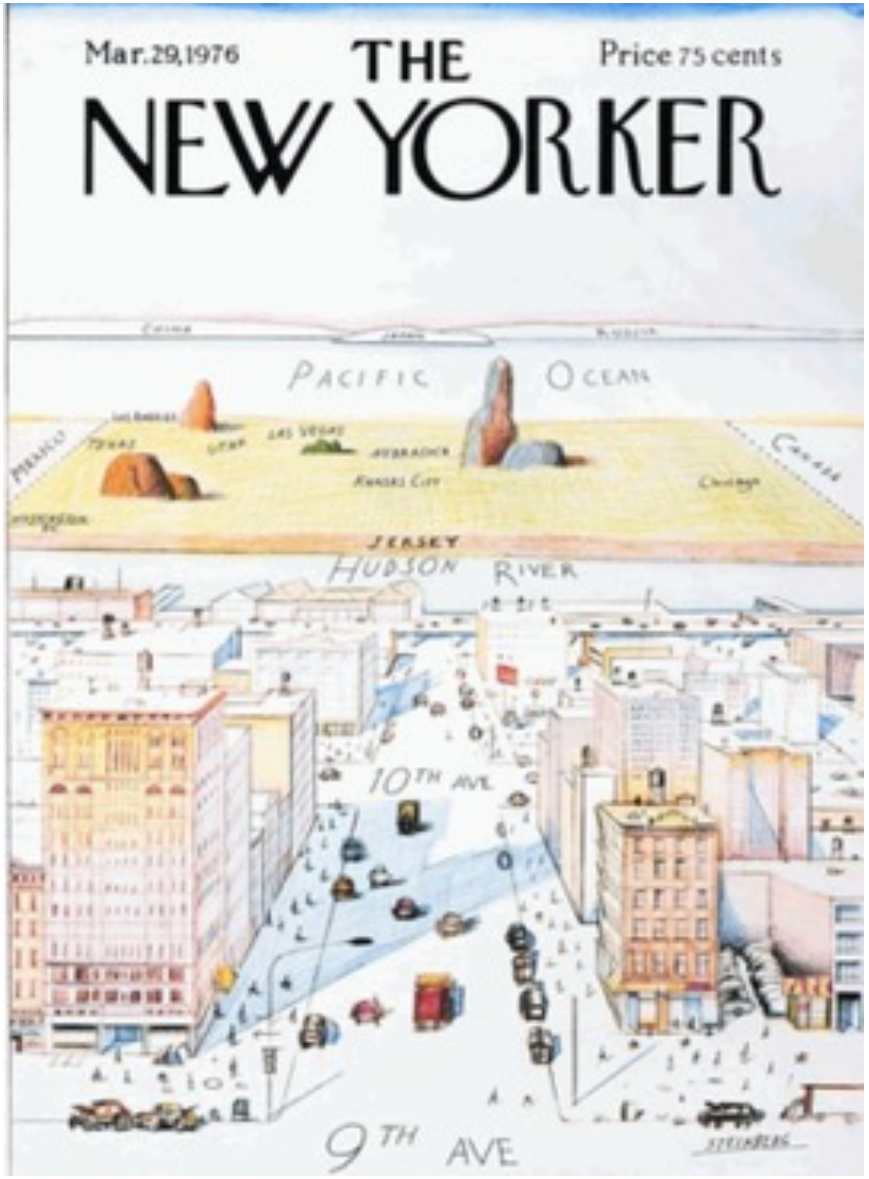


Source: https://projects.fivethirtyeight.com/coronavirus-polls/

An Epidemic of Unreliable Data

- 'Cases'
  - False positives
  - False negatives
- The Steinberg Rule
- Hospitalizations?
- Mortality
  - False positives
  - False negatives

The Steinberg Rule



Why Are 'Cases' Rising?

- Pew
  - Republicans: more testing
  - Democrats: more infections

Distribution of COVID19 Deaths

- New York City vs. US.
- LTC Facilities vs. Everywhere Else
- Superannuated vs. Everyone Else

Effectiveness of Policy Responses: Masks

- Little scientific evidence
- Public support is partisan
  - Pew
  - KFF (5/20, Fig 10)

Effectiveness of Policy Responses: Social distancing

Effectiveness of Policy Responses: School closures

Effectiveness of Policy Responses: Economic lockdowns

- KFF (5/20; partisan divide, partisan poll framing)

Effectiveness of Policy Responses: Reversing economic lockdowns

- KFF (Fig 2)

Effectiveness of Policy Responses: Contact tracing

- Little scientific evidence
- Low public support
  - Pew
  -
-

Opportunity Costs of Public Policy: Lost value of education

Opportunity Costs of Public Policy: Heath effects

- Delayed medical care
  - KFF:

Opportunity Costs of Public Policy: Economic costs

- Aggregate costs
- Distributional variability
  - New York City vs. US
  - Rich/poor
    - Pew
  - Big business/small business
  - Red/Blue