

COVID-19

Lessons We Should Have Learned COLLECTED ESSAYS

Series editor: Donald J. Boudreaux



Essay Three: Politicized Science
John Tierney

ABOUT THIS PUBLICATION

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Our mission is to improve the quality of life for Canadians, their families, and future generations by studying, measuring, and broadly communicating the effects of government policies, entrepreneurship, and choice on their well-being.

Politicized Science

John Tierney

Summary

There have been worse plagues than COVID, but none has ever done so much damage to the world's scientific institutions. In the pre-COVID era, the public health establishment had been gradually falling under the sway of progressives pushing their agenda, but it retained enough integrity to heed serious scientists—the ones who crunched data from past pandemics and randomized clinical trials. Those epidemiologists concluded that lockdown measures would do little or no good against a virus while inflicting enormous social harm.

But then, suddenly, all that peer-reviewed evidence and advice was discarded. Public health leaders adopted radical untested strategies without even pretending to do a cost-benefit analysis or explain why the pre-2020 plans were no longer valid. Lockdowns and mask mandates became "the science," and those who questioned this "consensus" were declared "outside the mainstream."



Scientific journals became reluctant to publish con-

trary opinions and evidence even as COVID data confirmed the wisdom of the pre-2020 advice. When three of the world's leading experts—from Oxford, Harvard and Stanford—independently published a critique of lockdowns called the Great Barrington Declaration, they were vilified by activist scientists, denounced by officials like Anthony Fauci, and censored on social-media platforms.

Why did the scientific and public health establishments forsake their principles? For more than a century progressives have been using cherry-picked versions of "the science" to justify their plans for

redesigning society. As they've come to dominate universities, professional societies, journals, foundations, and funding agencies, they've enforced progressive orthodoxy in one discipline after another.

When COVID struck, these progressives already had well-honed strategies for suppressing scientific debate, and they eagerly seized the opportunity to expand government control over people's lives.

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As usual, the best evidence was ignored, and those who cited it were censored or attacked so viciously that most other researchers were cowed into silence.

But this time the scale of the intervention was unprecedented, and so was the needless suffering inflicted on society. The public's trust in scientists rose at the start of the pandemic, but it has since plummeted—and for good reason. Until scientists and public health officials acknowledge their errors and reform their politicized institutions, there's no reason to trust them anymore.

Introduction

There have been worse plagues than COVID, but none has ever done so much damage to the world's scientific institutions. Prior to the pandemic, those institutions had already been undermined by decades of political activism, but they still enjoyed widespread public trust. No one expected them to simply abandon the professional and ethical norms of scientific inquiry and public health. Their collapse brought to mind the classic line in Hemingway's *The Sun Also Rises* when a character is asked how he went bankrupt. "Two ways," he replies. "Gradually and then suddenly."

Public health before COVID

In the pre-COVID era, the public health establishment had been gradually falling under the sway of progressives pushing their agendas, but it retained enough integrity to heed serious scientists—the ones who crunched data from past pandemics and analyzed studies of viral transmission and disease mitigation. They debated the efficacy of prevention measures, weighing the benefits against the costs, as the renowned epidemiologist Donald Henderson did in a landmark paper in 2006 contemplating a pandemic as deadly as the 1918 Spanish Flu (Inglesby, Nuzzo, O'Toole, and Henderson, 2006). Henderson, who had directed the successful international effort to eradicate smallpox, considered measures like closing businesses and schools, prohibiting social gatherings, restricting travel, mandating social distancing, quarantining those exposed to infection, and encouraging the universal wearing of surgical masks. His paper advised *against* all those measures, warning that they would do little to stop the spread but could be "devastating socially and economically" (2006: 368).

"Experience has shown," Henderson and his colleagues at the University of Pittsburgh wrote, "that communities faced with epidemics or other adverse events respond best and with the least anxiety when the normal social functioning of the community is least disrupted" (2006: 373). The researchers stressed the need for leaders to "provide reassurance" to the public, and specifically cautioned them not to be guided by mathematical models of the



pandemic, warning that such models could not reliably predict either the spread of the disease or the consequences of measures like closing businesses and schools.

This sensible advice was incorporated into pre-2020 pandemic plans developed by the Public Health Agency of Canada, the US Centers for Disease Control (CDC), and the United Kingdom's Department of Health. The UK plan flatly declared, "It will not be possible to halt the spread of a new pandemic influenza virus, and it would be a waste of public health resources and capacity to attempt to do so" (UK Department of Health, 2011: 28.) The CDC's planning scenarios didn't recommend extended school or business closures even if the fatality rate were as high as during the Spanish Flu (Qualls, Levitt, Kanade, et al., 2017: table 8), and the other agencies reached similar conclusions. None of them urged universal masking, either, because randomized clinical trials had shown that, contrary to popular wisdom in some Asian countries, there was "no evidence that face masks are effective in reducing transmission," as the World Health Organization (WHO) summarized the scientific literature

(WHO, Global Influenza Programme, 2019: 14). Canada's plan for a pandemic specifically rejected masks as well as efforts to disinfect surfaces in public areas (Public Health Agency of Canada, 2006).

Public health after COVID

But then, suddenly, all that peer-reviewed evidence and sensible advice was discarded. Instead of reassuring the public, public health officials went into full panic mode when a team of researchers at Imperial College in London released a computer model in March

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of 2020 projecting that within three months there would be 30 COVID patients for every one bed in the intensive-care units of hospitals in Great Britain (Ferguson, Laydon, Nedjati-Gilani, et al., 2020). This, of course, was precisely the sort of mathematical model that Henderson had warned against—and this model was based on obviously unrealistic assumptions. Yet public health leaders in Europe and North America immediately embraced not only the doomsday numbers but also the modelers' conclusion that the "only viable strategy" was to impose drastic restrictions on businesses, schools, and social gatherings until a vaccine became available.

Silencing critical scientists

The Imperial College team gave no reason to reject the conclusions of scientists with far more expertise who had spent years devising plans for a pandemic. The modelers didn't even pretend to weigh the costs and benefits of a lockdown, and neither did the public health officials who adopted the policy. Their sole justification was the Chinese government's claim that its lockdown had halted COVID. Given the communist government's history of skewing and suppressing public health data, there was every reason to doubt this claim—and no reason to look to China's authoritarian decrees as a model for policy in a free society.

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Yet lockdowns immediately became "the science," and those who questioned this "consensus" were denounced despite their sterling credentials. One of the first victims was John Ioannidis of

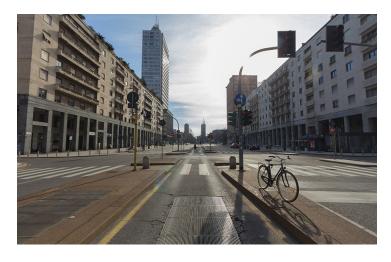
Stanford University, whose studies of the reliability of medical research had made him one of the world's most frequently cited authors in the scientific literature. Early in the pandemic he published an essay presciently titled, "A Fiasco in the Making? As the Coronavirus Pandemic Takes Hold, We Are Making Decisions Without Reliable Data" (Ioannidis, 2020, March 17). He echoed the longstanding concerns of Henderson and other experts, but was immediately savaged on Twitter and in the media by scientists and journalists accusing him of endangering lives.

"I was very disappointed to see these attacks coming from knowledgeable people," he said. "Scientists whom I respect started acting like warriors who had to subvert the enemy" (Tierney, 2021).

Stefan Baral, an epidemiologist at Johns Hopkins University who has published more than 350 papers, submitted a critique of lockdowns early in the pandemic to over 10 journals and finally gave up: it was the "first time in my career that I could not get a piece placed anywhere," he said (Tierney, 2021). Another early lockdown critique by Harvard's Martin Kulldorff, one of the foremost authorities on tracking infectious diseases, was rejected by so many journals and media outlets

that he ended up posting it on his own LinkedIn page—and heard privately from many epidemiologists who said they also opposed lockdowns but were afraid to say so publicly.

Two of his more courageous colleagues, Sunetra Gupta of Oxford University and Jay Bhattacharya of Stanford, joined Kulldorff in the fall of 2020 to issue the Great Barrington Declaration, which



rejected general lockdowns in favour of "focused protection" (Kulldorff, Gupta, and Bhattacharya, 2020, October 4). It was clear that the doomsday projections—30 patients for every hospital bed—were wildly wrong and that COVID posed a risk mainly to the elderly. For everyone under 70, the odds of surviving a COVID infection were 99.9 percent. Why not concentrate resources on protecting those at risk while allowing "the normal functioning of the community," as Henderson had recommended? Why not go back to the official plans that had been calmly prepared before COVID hysteria set in?

The Great Barrington Declaration

Thousands of scientists and doctors went on to sign the Great Barrington Declaration, and they were vindicated as the pandemic wore on. The lockdown strategy failed, both in China—its "Zero COVID" strategy was a social and economic disaster—and in the rest of the world. Except in a few isolated spots, the lockdowns didn't halt the spread, as demonstrated by dozens of studies and by the relative success of places that ignored the "consensus." Sweden, Finland, Norway, and the state of Florida kept schools and businesses open, without mask mandates, while doing as well as or better than average in measures of age-adjusted COVID mortality and overall "excess mortality."

But "the science" continued to trump actual science in most other places. The Great Barrington scientists were espousing longstanding principles of public health and had plenty of new data on their side, but the lockdown advocates had powerful allies in the media as well as in the public agencies and private foundations funding much of the infectious-disease research around the world. Early in the pandemic prominent virologists privately expressed concern that the coronavirus had been created in a laboratory in Wuhan, but then they publicly dismissed that possibility after a teleconference with the chief scientific advisers to the UK and the US governments—governments that also just happened to be funding some of the virologists' research.

The teleconference included the officials in charge of the two chief funding agencies in the US: Anthony Fauci of the National Institute of Allergy and Infectious Diseases, and Francis Collins of the National Institutes of Health. Their private emails showed their determination to silence discussion of the theory that the coronavirus had escaped from a Chinese lab while it was conducting research funded by the US (Wade, 2022, January 23). They succeeded for nearly a year, aided by the mainstream media and censors on social-media platforms, until the possibility of a lab leak finally became too obvious to dismiss.

Fauci and Collins were also determined to prevent a debate over lockdowns. Shortly after the Great Barrington scientists issued their declaration, Collins emailed Fauci urging "a quick and devastating published takedown" of the "three fringe epidemiologists" (Carlson and Mahncke, 2021, December 28). Both officials went on a media offensive, dismissing the Great Barrington strategy as "very dangerous" (Yahoo News, 2020, October 15), "not mainstream science" (Achenbach, 2020, October 14) and "total nonsense... to anybody who has any experience in epidemiology and infectious diseases" (Hellmann, 2020, October 15). Public health officials in the UK launched similar attacks, going on television to describe the Great Barrington Declaration as not "scientific"—never mind that one of its authors was an Oxford expert in infectious diseases.

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for links criticizing it but not the declaration itself. For a time,
Twitter suspended Kulldorff's account, Facebook shut down the
Great Barrington page, and moderators at Reddit banned mentions of the declaration in COVID discussion groups. When the
Great Barrington or denigrating its authors. Their suspended Kulldorff's declaration is a panel discussion,
YouTube took down the video on the grounds that it "contradicts the consen-

The international media went along with that narrative, either ignoring

sus" (Kornfield, 2021, April 9).

The *British Medical Journal* (BMJ), published a scurrilous *ad hominem* attack on the Great Barrington scientists, absurdly accusing them of being somehow linked to "climate denialists," the libertarian billionaire Charles Koch, and the fossil fuel industry (Yamey and Gorski, 2021, September 13). Bill Gates, whose foundation was a major source of research funding, dismissed the "crackpot theories" of another prominent lockdown opponent, Scott Atlas of the Hoover Institution at Stanford, and

the Stanford faculty senate passed a resolution declaring Atlas' actions to be "anathema to our community" (Chesley, 2020, November 20). The *Journal of the American Medical Association* (JAMA), published an article recommending that Atlas and other doctors who publicly criticized COVID orthodoxy should lose their medical licenses, and the General Medical Council of Britain actually restricted the privileges of one doctor who did so (Pizzo, Spiegel, and Mello, 2021, February 4).

Questioning mask mandates

It became taboo to question the efficacy of masks, as a team of researchers in Denmark discovered early in the pandemic. They recruited more than 6,000 adults and randomly assigned some to wear surgical masks all day long. As the world's first large randomized controlled trial of mask efficacy against COVID, it was obviously a study of major importance, but its publication was delayed until, as one of the researchers put it, they were able to find a "journal brave enough to accept the paper." After it was rejected by *The Lancet*, the *New England Journal of Medicine*, and *JAMA*, the researchers finally found one journal, the *Annals of Internal Medicine*, to publish their heretical conclusion: A mask offered no significant protection to the wearer against a COVID infection (Bundgaard, Bundgaard, Raaschou-Pedersen, et al. 2021).

It was also taboo to suggest that masks could be harmful. A peer-reviewed German study reporting harms to children from mask-wearing was suppressed on Facebook (which labeled my *City Journal* article "partly false" because I cited that study (Tierney, 2021, May 17) and also at ResearchGate, one of the most widely used websites for scientists to post their papers. ResearchGate refused to explain its



actions to the German researchers, telling them merely that the paper was removed in response to "reports from the community about the subject-matter" (Tierney, 2021).

What did scientists succumb?

Why did so many scientists, scientific journals, and journal editors succumb to panic? Why did they needlessly terrify people at minimal risk, promote catastrophically harmful policies, and silence dissent? It's easy enough to explain why journalists and politicians were so eager to distort and exploit

COVID. They've long been the main drivers of what I call the Crisis Crisis—the endless series of crises, real or imagined, fomented by opportunists looking to profit from public hysteria (Tierney and Baumeister, 2019). Journalists can't resist fearmongering because it generates ratings and clicks, and politicians can't resist an excuse to gain publicity and power. It's not surprising that the media and political classes seized so enthusiastically on the doomsday computer projections from Imperial College, and then kept up the crisismongering for two years. But why did so many scientists go along, ignoring the previous warnings of experts like Henderson and betraying their professional standard of evidence and conduct?

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The scientists gave in to the fearmongers because the scientific and public health establishments had been gradually weakened by a preexisting pathology. Their collapse during the pandemic came suddenly, but it was the culmination of what Marxists call the long march through institutions—more specifically, what I call the Left's war on science (Tierney, 2016). For more than a century, from the eugenics movement of the 1920s through today's "climate emergency," progressives have been using their cherry-picked versions of "the science" to justify their plans for redesigning society. As they've come to dominate universities, professional societies, scientific journals, and the mainstream media, they've enforced progressive orthodoxy in one

discipline after another, squelching debate by demonizing dissenters on topics like IQ, sex differences, race, family structure, transgenderism, and climate change.

Public health institutions have been especially corrupted, as James T. Bennett and Thomas J. DiLorenzo chronicled two decades ago in their history of the profession, *From Pathology to Politics*. "Since 1968," they write, "a top priority—if not *the* top priority—of the public health establishment has been to promote the idea that more government control and intervention is the surest route to sounder health" (2008: 25). These interventions have often been disastrous, like the past campaigns to restrict fat in the diet, which led to more obesity and diabetes as people substituted carbohydrates. Leading nutrition researchers criticized this intervention as unsupported by evidence, but public health activists prevailed in the public debate by falsely portraying the critics as tools of the food industry.

The profession's activists went on to justify more harmful interventions by misrepresenting the scientific evidence on dietary salt, trans fats, carcinogenic chemicals, the spread of AIDS among heterosexuals, smokeless tobacco, and vaping. Public health professional societies expanded their goals beyond mere health, openly lobbying for minimum wage laws, gun control, income redistribution,

and other left-wing causes. The progressive domination became so complete that public health schools began requiring students to take courses in "health equity" and "social justice" preparing them to promote the progressive agenda wherever they worked.

So when COVID struck, the public health establishment was already eager for new opportunities to expand government control over people's lives—and, not incidentally, expand funding for public health budgets. As usual, the best scientific evidence was ignored, and those who cited it were smeared in the media and vilified by their activist colleagues. But this time the scale of the intervention was unprecedented, and so was the needless suffering inflicted on society.

"When COVID struck, the public health establishment was already eager for new opportunities to expand government control over people's lives—and, not incidentally, expand funding for public health budgets."

Conclusion

The public's trust in scientists rose at the start of the pandemic, but it has since plummeted—and for good reason. The lockdowns were the worst public policy mistake ever made during peacetime. Until scientists and public health officials acknowledge their catastrophic errors and reform their politicized institutions, there's no reason to trust them anymore.

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John Tierney is a journalist and bestselling author whose books have been translated into more than 20 languages. He is a contributing editor to *City Journal*, a former columnist at the *New York Times*, and has written for dozens of magazines and newspapers. During more than two decades at the *New York Times*, he was a science columnist, an Op-Ed columnist and a staff writer for the *Times Magazine*. Together with the social psychologist Roy Baumeister, he wrote a *New York Times* best-seller titled, *Willpower: Rediscovering the Greatest Human Strength*. His latest book, also co-authored with Roy Baumeister, is *The Power of Bad: How the Negativity Effect Rules Us and How We Can Rule It*.

