

Grassroots Conservatives eNews #387**Robert Hall, Editor****Special Coronavirus Issue**[View this email in your browser](#)**IU Student Tests Positive for COVID-19**

By Michael Reschke March 21

An Indiana University student has tested positive for COVID-19.

The student lives off campus and has been in isolation since March 13, according to the Monroe County Health Department. The student is only exhibiting mild symptoms.

Health department officials plan to perform contact tracing to determine who could have come in contact with the student. This is based off extensive interviews with the patient, said Penny Caudill, county health department administrator.

Anyone who may be at risk will be contacted directly. Advice for each person may be different, based on their exposure, Caudill said.

The student, who has not been identified, went to the IU Health Center with flu-like symptoms March 13. A medical practitioner took swabs that were sent to LabCorp, a private facility in Burlington, North Carolina. Results were sent Friday morning to the IU Health Center, said Beth Rupp, medical director at the center.

The student was told to self-isolate while awaiting results. The student complied, Rupp said, and health center staff checked in with the student by phone daily. The student is doing well, with minimal symptoms, Rupp said Friday.

Rupp and Caudill declined to provide any information that might identify the student, citing patient confidentiality laws.

As of Friday, 12 students had been swabbed for COVID-19 testing at the IU Health Center. Of those, there has only been one positive result. Three tests

The IU Health Center is a university health center serving IU students. It is a separate entity from IU Health. Rupp said she could not speak to the ability of IU Health Bloomington Hospital to test for COVID-19.

The IU Health Center could only send patient swabs to the Indiana State Department of Health lab for testing prior to March 12. Up until that point, the health center had to follow the state's criteria for testing.

Now that LabCorp started conducting tests, the health center can create its own testing criteria. However, the health center can only test certain people because it has limited supplies for shipping samples to the lab. Those supplies are sometimes referred to as viral transport media.

"We can't swab everyone who wants to be tested," Rupp said. "We have to use clinical criteria based on those that are more likely."

Caudill said this is Monroe County's first official case of COVID-19. She said cases of communicable diseases are reported based on the person's county of residence. She said because the IU student's test was conducted by a private lab, it will not show up on the Indiana State Department of Health's website until the lab reports it to the state.

COVID-19 COUNT

Last updated 4 p.m. Saturday, March 21, from the Indiana State Department of Health (recorded by county of residence).

CASES IN INDIANA: 126

TESTED IN INDIANA: 833

DEATHS IN INDIANA: 4 (2 Marion Co, 1 each in Johnson, Delaware Counties)

https://www.hoosiertimes.com/herald_times_online/news/covid19/iu-student-tests-positive-for-covid/article_7e24e0dc-6ada-11ea-944f-3303c0f2c566.html

Cheers Coronavirus [VIDEO]

By Cheers TV Crew March 20

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Threat Of Coronavirus "An Overblown Press-Created Hysteria"

By Ian Schwartz February 29

Dr. Drew Pinsky talks about the coronavirus:

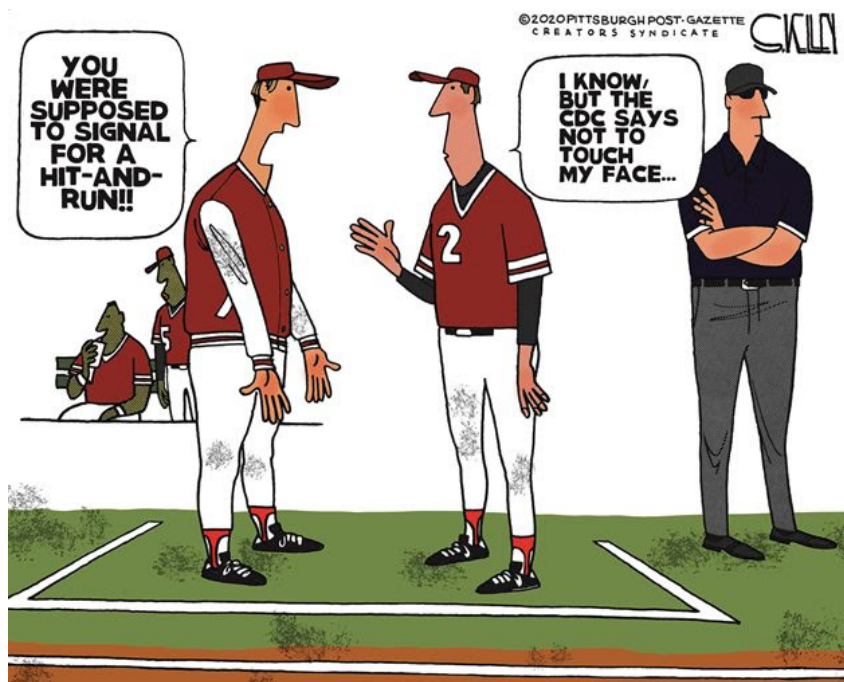
PINSKY: I don't know what they're talking about. We used to point at the way Indiana responded to the opiate and the HIV epidemic as the model for the country. I don't know what they're talking about. The only reason I felt comfortable with Pence as Vice President was I was aware of his track record in Indiana in handling these serious problems, and they handled them better than most states did, almost any other state. So, I don't know what the hell people are talking about. That is fake news...

We have in the United States 24 million cases of flu-like illness, 180,000 hospitalizations, 16,000 dead from influenza. We have zero deaths from coronavirus. We have almost no cases. There are people walking around out there with the virus that don't even know they have it, it's so mild. So it's going to be much more widespread than we knew. It's going to be much milder than we knew. The

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about MERS or SARS? This is an overblown press-created hysteria. This thing is well in hand. President Trump is absolutely correct.

https://www.realclearpolitics.com/video/2020/02/29/dr_drew_pinsky_threat_of_coronavirus_an_overblown_press-created_hysteria.html



This Viral Coronavirus Rant From a Tennessee Nurse Will Make Your Day (VIDEO)

By Christina Lalla March 16

A woman who goes by the name “Emily Annette” posted a video to her YouTube channel going off about how many stupid people there are in the world.

Emily Annette made the video after going to the grocery store and encountering a hysterical woman who was yelling at a grocery store clerk who just happened to touch his own face while he was ringing up groceries.

The fraudstream media has caused mass hysteria over the Coronavirus and Americans are panic buying and fighting each other for rolls of toilet paper and hand sanitizer.

Americans are being bombarded with orders to wash their hands frequently and to avoid touching their faces.

People have lost their minds and this woman’s rant was just the perfect comic relief

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"Ya'll, there are so many stupid people in this world," she said referring to low IQ people freaking out over the Coronavirus.

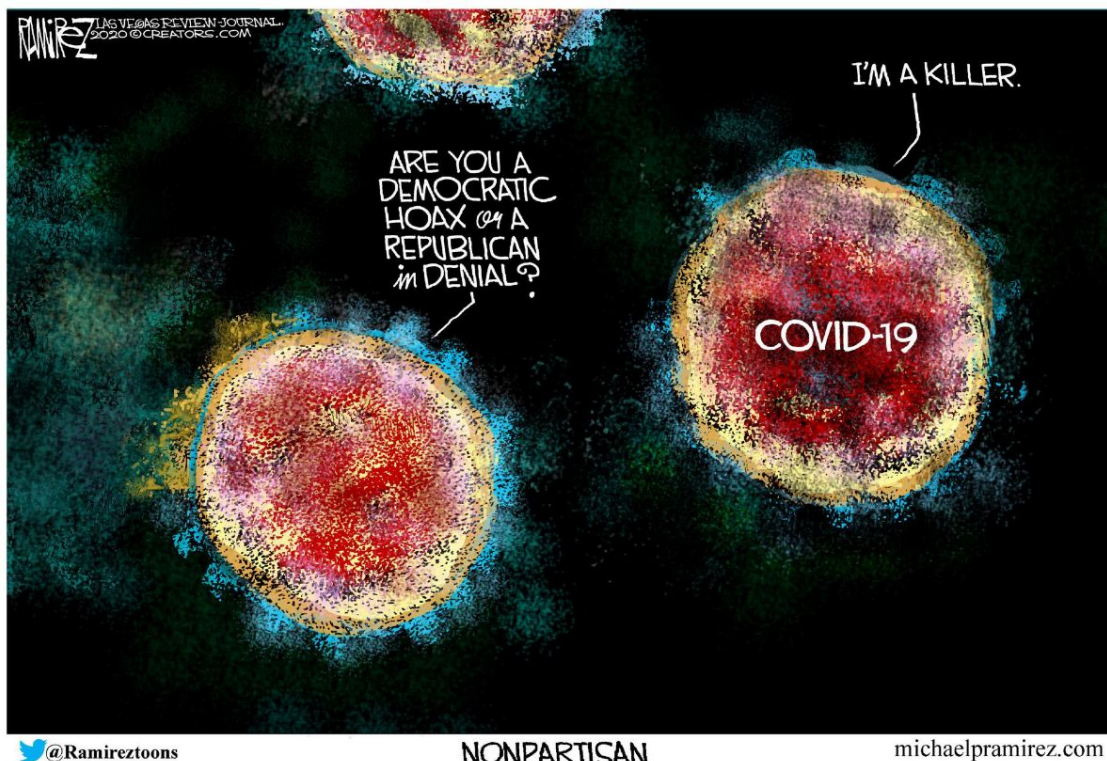
https://www.thegatewaypundit.com/2020/03/this-viral-coronavirus-rant-from-a-tennessee-nurse-will-make-your-day-video/?utm_medium=referral&utm_source=mixi&utm_campaign=tgp

Just Touch Your Face [VIDEO]

By Emily Annette March 11

2:22 min 455K views

https://www.youtube.com/watch?time_continue=130&v=EYQXMODNdf0&feature=emb_logo



The Coronavirus Hoax

By Ron Paul March 17

Governments love crises because when the people are fearful they are more willing to give up freedoms for promises that the government will take care of them. After

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It is ironic to see the same Democrats who tried to impeach President Trump last month for abuse of power demanding that the Administration grab more power and authority in the name of fighting a virus that thus far has killed less than 100 Americans.

Declaring a pandemic emergency on Friday, President Trump now claims the power to quarantine individuals suspected of being infected by the virus and, as Politico writes, "stop and seize any plane, train or automobile to stymie the spread of contagious disease." He can even call out the military to cordon off a US city or state.

State and local authoritarians love panic as well. The mayor of Champaign, Illinois, signed an executive order declaring the power to ban the sale of guns and alcohol and cut off gas, water, or electricity to any citizen. The governor of Ohio just essentially closed his entire state.

The chief fearmonger of the Trump Administration is without a doubt Anthony Fauci, head of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health. Fauci is all over the media, serving up outright falsehoods to stir up even more panic. He testified to Congress that the death rate for the coronavirus is ten times that of the seasonal flu, a claim without any scientific basis.

On Face the Nation, Fauci did his best to further damage an already tanking economy by stating, "Right now, personally, myself, I wouldn't go to a restaurant." He has pushed for closing the entire country down for 14 days.

Over what? A virus that has thus far killed just over 5,000 worldwide and less than 100 in the United States? By contrast, tuberculosis, an old disease not much discussed these days, killed nearly 1.6 million people in 2017. Where's the panic over this?

If anything, what people like Fauci and the other fearmongers are demanding will likely make the disease worse. The martial law they dream about will leave people hunkered down inside their homes instead of going outdoors or to the beach where the sunshine and fresh air would help boost immunity. The panic produced by these fearmongers is likely helping spread the disease, as massive crowds rush into Walmart and Costco for that last roll of toilet paper.

The madness over the coronavirus is not limited to politicians and the medical community. The head of the neoconservative Atlantic Council wrote an editorial this week urging NATO to pass an Article 5 declaration of war against the COVID-19 virus! Are they going to send in tanks and drones to wipe out these microscopic enemies?

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hoax, with the actual danger of the disease massively exaggerated by those who seek to profit – financially or politically – from the ensuing panic.

That is not to say the disease is harmless. Without question people will die from coronavirus. Those in vulnerable categories should take precautions to limit their risk of exposure. But we have seen this movie before. Government over-hypes a threat as an excuse to grab more of our freedoms. When the “threat” is over, however, they never give us our freedoms back.

<http://news.goldseek.com/RonPaul/1584463848.php>

Data Indicates We're Severely Overreacting to Coronavirus

By James Barrett March 18

In an analysis published Tuesday, Stanford's John P.A. Ioannidis — co-director of the university's Meta-Research Innovation Center and professor of medicine, biomedical data science, statistics, and epidemiology and population health — suggests that the response to the coronavirus pandemic may be “a fiasco in the making” because we are making seismic decisions based on “utterly unreliable” data. The data we do have, Ioannidis explains, indicates that we are likely severely overreacting.

“The current coronavirus disease, Covid-19, has been called a once-in-a-century pandemic. But it may also be a once-in-a-century evidence fiasco,” Ioannidis writes in an opinion piece published by [STAT](#) on Tuesday.

“Draconian countermeasures have been adopted in many countries. If the pandemic dissipates — either on its own or because of these measures — short-term extreme social distancing and lockdowns may be bearable,” the statistician writes. “How long, though, should measures like these be continued if the pandemic churns across the globe unabated? How can policymakers tell if they are doing more good than harm?”

The woefully inadequate data we have so far, the meta-research specialist argues, indicates that the extreme measures taken by many countries are likely way out of line and may result in ultimately unnecessary and catastrophic consequences. Due to extremely limited testing, we are likely missing “the vast majority of infections” from COVID-19, he states, thus making reported fatality rates from the World Health Organization “meaningless.”

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in many health systems, he suggests, that “selection bias” may only get worse going forward.

Ioannidis then zooms in on the “one situation” where “an entire, closed population was tested”: the Diamond Princess cruise ship’s quarantined passengers. While the fatality rate was 1.0%, he points out, the population was largely elderly, the most at-risk demographic. Projected out onto the age structure of the U.S. population, he calculates, the death rate is more like 0.125%, with a range of 0.025% to 0.625% based on the sample size:

Projecting the Diamond Princess mortality rate onto the age structure of the U.S. population, the death rate among people infected with Covid-19 would be 0.125%. But since this estimate is based on extremely thin data — there were just seven deaths among the 700 infected passengers and crew — the real death rate could stretch from five times lower (0.025%) to five times higher (0.625%). It is also possible that some of the passengers who were infected might die later, and that tourists may have different frequencies of chronic diseases — a risk factor for worse outcomes with SARS-CoV-2 infection — than the general population. Adding these extra sources of uncertainty, reasonable estimates for the case fatality ratio in the general U.S. population vary from 0.05% to 1%.

“That huge range markedly affects how severe the pandemic is and what should be done,” Ioannidis stresses. “A population-wide case fatality rate of 0.05% is lower than seasonal influenza. If that is the true rate, locking down the world with potentially tremendous social and financial consequences may be totally irrational. It’s like an elephant being attacked by a house cat. Frustrated and trying to avoid the cat, the elephant accidentally jumps off a cliff and dies.”

For those who argue that the high fatality rate among elderly people indicates that the death rate cannot be as low as 0.05%, the professor notes that “even some so-called mild or common-cold-type coronaviruses that have been known for decades can have case fatality rates [as high as 8%](#) when they infect elderly people in nursing homes.”

<https://www.dailywire.com/news/stanford-professor-data-indicates-were-overreacting-to-coronavirus/?fbclid=IwAR2UyvRjQi5YErCyUfWn1CJENw8XQ1kitfvp3Y2jrQ5E4OGFsxHGHm3NdEY>

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Coronavirus: Facts vs. Panic

Separating facts from irrational fear in the global virus pandemic.

By Sharyl Attkisson March 13

Coronavirus is nothing to sneeze at. But so far, widespread panic may not be justified.

You should know:

- Almost all of the reported coronavirus deaths in the U.S. happened in long-term care facilities in Washington State. And almost all of those occurred at the same facility.
- Most people who get coronavirus have mild or no symptoms.
- No young or middle-age people have died of coronavirus in the U.S.
- Most around the world diagnosed from January-March 1 have already recovered.

Obviously, this is a fast-moving news target. For the latest information from the government, you can visit the Centers for Disease Control (CDC) coronavirus page at [CDC.gov](https://www.cdc.gov). The following information is accurate as of Thursday.

Q: What is the average American's risk of getting coronavirus?

A: Low. CDC reports: "For the majority of people, the immediate risk of being exposed to the virus that causes COVID-19 is thought to be low."

Q: What's the likelihood that coronavirus is in my community?

A: Low. CDC reports: "There is not widespread circulation in most communities in the United States."

Q: How many coronavirus deaths have there been in the U.S.?

A: So far, not many. CDC reports 36 deaths. Adding various news reports, the number could be about 40 and growing. Although one death is too many, the

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Q: How many young people have died of coronavirus in the U.S.?

A: So far, there are no reports of deaths among young people in the U.S. The U.S. Surgeon General reports the average age of people who have died from coronavirus in the U.S. is 80. Additionally, he says those who are most impacted have chronic, serious health problems such as heart disease, diabetes, and lung disease.

Q: Who has died so far?

A. These were compiled using CDC reports plus news and local health department reports:

- 31 Washington State elderly. That includes 27 in King County, (22 at the same elderly nursing facility in Kirkland), three in Snohomish county, and one in Grant County, a patient in their 80s.
- Four California elderly: A woman in assisted living in her 90s, a hospitalized woman Santa Clara in her 60s, an “elderly man” in assisted living, and a 71-year-old man with underlying health conditions who’d been on a Grand Princess cruise ship.
- Two Florida residents in their 70s who had traveled overseas.
- One New Jersey diabetic man, 69, who suffered two cardiac arrests.
- One South Dakota man aged 60-69, with “underlying medical conditions”
- One Georgia man, 67, with “underlying medical conditions”

Q: How many people have recovered?

A: News reports say that in China alone, out of 80,000 diagnosed, nearly 60,000 have already recovered. However, the true number of recovered is likely far higher since most of those who get the virus have mild or no symptoms, and so are not diagnosed at all.

Q: Why have there been so many coronavirus deaths in Italy?

A: Italy has reported 827 coronavirus deaths. Experts say the high number is partly because Italy has more residents in the vulnerable age category. Italy has the oldest population in Europe and more elderly per capita than the U.S. Most of the Italian deaths are in patients in their 80s and 90s. In addition, Italy has a great number of direct China contacts. Italy was the first to join China’s “silk road” economic partnership project. The coronavirus is believed to have originated in China. Italy’s 827 deaths are out of a population of 60 million people. Even though one death is too many, it is still a small relative number.

Q: Why am I hearing so many different fatality rates?

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moment. That's because it is impossible to know how many people have or had the virus. And that total number is needed to calculate an accurate rate. What makes it more difficult is the fact that most people have few or no symptoms, and so it is impossible to count them.

Some current death rates that sound high are being calculated in a particular age group. The rate will be highest among the elderly and, in the U.S., there have been zero deaths among people age 50 and under. Some death rates are being calculated as deaths among the sickest patients, those are diagnosed and treated, which will produce a much higher number than a more accurate death rate that takes into consideration those patients who are infected but do not become ill at all.

<https://justthenews.com/politics-policy/health/coronavirus-facts-vs-panic>



Coronavirus: 10 Reasons Why You Ought Not to Panic

By Ignacio Lopez-Goni March 15

Regardless of whether we classify the new coronavirus as a pandemic, it is a serious issue. In less than two months, it has spread over several continents. Pandemic means sustained and continuous transmission of the disease, simultaneously in more than three different geographical regions. Pandemic does not refer to the lethality of a virus but to its transmissibility and geographical extension.

What we certainly have is a pandemic of fear. The entire planet's media is gripped by coronavirus. It is right that there is deep concern and mass planning for worst-case scenarios. And, of course, the repercussions move from the global health sphere into business and politics.

But it is also right that we must not panic. It would be wrong to say there is good

future.

1. We know what it is

The first cases of AIDS were described in June 1981 and it took more than two years to identify the virus (HIV) causing the disease. With COVID-19, the first cases of severe pneumonia were reported in China on December 31, 2019 and by January 7 the virus had already been identified. The genome was available on day 10.

We already know that it is a new coronavirus from group 2B, of the same family as SARS, which we have called SARSCoV2. The disease is called COVID-19. It is thought to be related to coronavirus from bats. Genetic analyses have confirmed it has a recent natural origin (between the end of November and the beginning of December) and that, although viruses live by mutating, [its mutation rate may not be very high](#).

2. We know how to detect the virus

Since January 13, [a test to detect the virus](#) has been available.

3. The situation is improving in China

The strong control and isolation measures imposed by China are paying off. For several weeks now, the number of cases diagnosed every day is decreasing. A very detailed epidemiological follow-up is being carried out in other countries; outbreaks are very specific to areas, which can allow them to be controlled more easily.

4. 80% of cases are mild

The disease causes no symptoms or is mild in 81% of cases. Of course, in 14% it can cause severe pneumonia and in 5% it can become critical or even fatal. It is still unclear what the death rate may be. But it could be lower than some estimates so far.

5. People recover

Much of the reported data relates to the increase in the number of confirmed cases and the number of deaths, but most infected people are cured. There are 13 times more cured cases than deaths, [and that proportion is increasing](#).

6. Symptoms appear mild in children

Symptoms are so mild in children it can go unnoticed.

7. The virus can be wiped clean

The virus can be effectively inactivated from surfaces with a solution of ethanol (62-71% alcohol), hydrogen peroxide (0.5% hydrogen peroxide) or sodium hypochlorite (0.1% bleach), [in just one minute](#). Frequent handwashing with soap and water is the most effective way to avoid contagion.

8. Science is on it, globally

It is the age of international science cooperation. After just over a month, [164 articles could be accessed in PubMed on COVID19 or SARSCov2](#), as well as [many others](#) available in repositories [of articles not yet reviewed](#). They are preliminary works on vaccines, treatments, epidemiology, genetics and phylogeny, diagnosis, clinical aspects, etc.

These articles were written by some 700 authors, distributed throughout the planet. It is cooperative science, shared and open. In 2003, with the SARS epidemic, it took more than a year to reach less than half that number of articles. In addition, most scientific journals have left their publications as [open access](#) on the subject of coronaviruses.

9. There are already vaccine prototypes

Our ability to design new vaccines is spectacular. There are already more than eight projects underway [seeking a vaccine](#) against the new coronavirus. There are groups that work on vaccination projects against similar viruses.

The vaccine group of the University of Queensland, in Australia, [has announced](#) it is already working on a prototype using the technique called "molecular clamp", a novel technology. This is just one example that could allow vaccine production in record time. Prototypes may soon be tested on humans.

10. Antiviral trials are underway

Vaccines are preventive. Right now, the treatment of people who are already sick is important. There are already more than 80 clinical trials [analysing coronavirus treatments](#). These are antivirals that have been used for other infections, which are already approved and that we know are safe.

One of those that has [already been tested in humans](#) is [remdesivir](#), a broad-spectrum antiviral still under study, which has been tested against Ebola and

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Another candidate is chloroquine, an antimalarial that has also been seen to have potent antiviral activity. It is known that chloroquine blocks viral infection by increasing the pH of the endosome, which is needed for the fusion of the virus with the cell, thus inhibiting its entry. It has been demonstrated that this compound [blocks the new coronavirus in vitro](#) and it is already being used in patients with coronavirus pneumonia.

Other proposed trials are based on the use of oseltamivir (which is used against the influenza virus), interferon-1b (protein with antiviral function), antisera from people who recovered or monoclonal antibodies to neutralise the virus. New therapies have been proposed with inhibitory substances, such as baricitinibine, [selected by artificial intelligence](#).

The 1918 flu pandemic caused more than 25 million deaths in less than 25 weeks. Could something similar happen now? Probably not; we have never been better prepared to fight a pandemic.

<https://www.theladders.com/career-advice/coronavirus-10-reasons-why-you-ought-not-to-panic?>

Panic Will End but Tyranny Will Not

It appears to be an orchestrated hysteria

By Gary Barnett March 14

"Our contemporaries are constantly excited by two conflicting passions; they want to be led, and they wish to remain free: as they cannot destroy either one or the other of these contrary propensities, they strive to satisfy them both at once. They devise a sole, tutelary, and all-powerful form of government, but elected by the people. They combine the principle of centralization and that of popular sovereignty; this gives them a respite: they console themselves for being in tutelage by the reflection that they have chosen their own guardians. Every man allows himself to be put in leading-strings, because he sees that it is not a person or a class of persons, but the people at large that holds the end of his chain.

By this system the people shake off their state of dependence just long enough to select their master, and then relapse into it again. A great many persons at the present day are quite contented with this sort of compromise between administrative despotism and the sovereignty of the people; and they think they have done enough for the protection of individual freedom when they have surrendered it to the power of the nation at large. This does not satisfy me: the nature of him I am to obey signifies less to me than the fact of extorted obedience." ~ **Alexis de Tocqueville**,

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Any real state of fear will bring panic, and once panic is the prevailing attitude of society at large, the herd seeks safety at all cost. Seeking safety under these circumstances allows for tyranny by the ruling class, and when the restrictive consequences of that tyranny are in place, escape from mass servitude is almost impossible to achieve. It must be understood that decisions made under stress due to fear end with a loss of freedom, and when freedom is compromised, what is left is slavery.

We have been told that a pandemic is upon us, and that we must sacrifice for the good of all, and for the sake of the nation. If the people at large accept this premise, individual sovereignty is not only compromised, but also permanently damaged. When the masses as a group seek shelter from harm, and agree to temporarily relinquish some or all of their freedoms, oppression is the result. That is why panic is so perilous, and why hasty decisions should never be made during a real or supposed crisis.

As I write this, it is obvious that none of these suggestions have been followed, and the herd has acquiesced to most all commands from on high in order to gain what will most likely turn out to be false hope at the expense of accepted domination. At this point, it is not too late to reverse part of the damage, but any continuation of mass subservience will only end in oppressive misery.

There is no certainty that this new coronavirus called COVID-19 is any more dangerous than any other virus in the past, but the ruling class and their minions in the mainstream media and beyond, are screaming at the top of their lungs that this is the scourge of mankind, and that tens of millions of Americans will become infected, and that millions might die. This is being promulgated by government at every level, by so-called national and world health organizations, and by a complicit media that seemingly does as it is told by those holding political power. This is being done regardless of the fact that no one knows much about this so-called virus, knows little or nothing about its true origin, and knows little about its mutations. Also, politicians, claimed authorities, and alleged *experts* are in the dark as to how particular cultures have been more susceptible than others, and are unwilling to discuss that the probable cause of this is due to a man-made strain created in a bio-weapons lab, even though a preponderance of evidence points in that direction. All possibilities should be discussed.

This government is now taking total control over our lives, and will take full advantage of this situation to bring draconian anti-liberty measures to all that live in this country. This is an atrocity, and one that will change the face of this nation. Current risk includes the implementing of medical martial law as well as the possibility of total martial law with any major resistance from those not willing to accept being in a captured society. I outlined the measures that have been implemented by at least 40 states to affect medical martial law recently in [this](#)

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Besides the sheer tyranny of these measures being planned and implemented as I write this, the certain economic devastation to come is unimaginable. No one will be spared economic harm, and many will be completely destroyed by the government's response to this manufactured panic. In addition, when the virus scare is over, and it will be, the economic destruction will remain, and it could take years for any recovery to take place.

Has all this panic been planned? The impending economic collapse caused by the Federal Reserve and its massive money printing is most likely going to be falsely blamed on the coronavirus, so what is the connection? Was this virus created for the purpose of covering up responsibility for an economic meltdown? Was it created to harm the economy of China and Iran? If not, is it being purposely used for these purposes? Is population control due to all these factors mentioned sought by the ruling class, and is this virus the impetus for gaining that control?

What is next on the agenda due to this panic? Will there be total lockdowns? Will there be universal travel restrictions, even at the local level? Will there be forced vaccinations? Will there be mandatory testing and inspections? Will there be food shortages? Will this lead to concentration camps for dissenters? Will the National Guard and military be patrolling the streets of your town?

There are many unanswered questions, and much uncertainty about this virus, so what is the real danger? The real danger to America is the U.S. government and its dictatorial response to what appears to be an orchestrated hysteria. The solutions offered by Trump and this government, regardless of who is pulling the strings of these puppets, are far more dangerous than any manufactured pandemic. Fear and panic allow for control, and those in power understand this truth, and use it to their advantage. Panic is worthless, and can only lead to the acceptance of authoritative rule. This is the real risk; this is the real danger. If the people allow a takeover of their lives due to this panic, they will not only have lost their liberty and all they own, they will have also lost their sanity.

<https://www.lewrockwell.com/2020/03/gary-d-barnett/panic-will-end-but-tyranny-will-not/>

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The Top Eight Most Totalitarian Proposals in The Wake of the COVID-19 Threat

By Jeff Reynolds March 16

As governments around the nation and the world struggle to respond to the coronavirus pandemic, lots of proposals have emerged. In his press conference Friday, President Trump brought together corporations to handle the crisis via private industry. Other politicians have suggested much more draconian uses of governmental power. Many Americans have begun to succumb to the siren call of the government *doing something*, perfectly willing to surrender their civil liberties out of fear of the unknown. The furthest-left of America's politicians have responded, demanding that this crisis lead to state seizure of several industries. This harkens back to Rahm Emmanuel's famous directive when he served as Barack Obama's chief of staff: Never let a good crisis go to waste.

Here now are the top eight most totalitarian socialist proposals to use the coronavirus crisis to seize the means of production for the state, destroy the Bill of Rights, kill capitalism, and remove personal liberties from every American. And one friendly reminder that socialism always leads to communism and totalitarianism—because it has to.

1. **AOC jumped in front of the coronavirus parade to demand, once again, the use of government force to make businesses pay workers who get**

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2. **2. A federal court in Washington unilaterally suspended the Fifth-Amendment right to due process, and Sixth-Amendment guarantee of a speedy trial**
3. **Raise your hand if you ever thought the Third Amendment would ever get overturned**

According to the [Palm Springs Desert Sun](#),

The state of California is empowered to take over hotels, motels, and medical facilities in order to quarantine, isolate or treat coronavirus patients, per a multi-pronged executive order released by Gov. Gavin Newsom on Thursday.

Ok, California hasn't quartered troops yet, but taking over privately owned facilities by the force of an executive order to house other citizens certainly qualifies as overreach.

4. Champaign, Illinois, Mayor violates the entire Bill of Rights, gives herself power to ban sale of guns, ammunition, gasoline, alcohol, utilities

Let's count how many parts of the Constitution Mayor Deborah Frank Feinen [proposes to violate](#):

Champaign Mayor Deborah Frank Feinen has issued an executive order declaring an emergency in the city.

City officials said the emergency is related to the COVID-19, which is anticipated to cause an impact on the health of community members. Champaign Municipal Code allows the mayor to declare an emergency for a limited time.

Included in the executive order are ordinances that would give the city extraordinary powers to the Mayor.

- Violating parts of the Open Meetings Act
- Ban sale of firearms and ammunition
- Ban sale of any alcohol
- Closing of all bars, taverns, liquor stores, etc
- Ban sale or giving away of gasoline or other liquid flammable or combustible products in any container other than a gasoline tank permanently fixed to a motor vehicle
- Direct the shutoff of power, water, gas, etc
- Take possession of private property and obtain full title to same
- Prohibit or restrict ingress and egress to and from the City

Of course, the city issued a subsequent statement that they had not yet implemented any of these measures. They were just thinking about it. Such a relief.

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CNN Congressional Respondent Phil Mattingly shared Romney's entire proposal sheet, which also includes grants to impacted small businesses, Pell Grant alterations for students and loan deferments for graduates, and more. Romney, who ran as a fiscal conservative in 2012, appears to have endorsed massive government intervention in the economy to fight the coronavirus.

6. As I wrote [last week](#), Connecticut Governor Ned Lamont was one of several governors who ordered all nursing and convalescent homes closed to visitors, and ordered all patients not to leave

This order made patients in these facilities prisoners, with no due process:

The previous executive order allowed the Director of Public Health to [halt all visits to such facilities](#), and ordered that any resident who left could not return. Connecticut residents raised the obvious question - doesn't that violate the 1st, 5th, and 14th Amendments to the Constitution? It's one thing for the facilities themselves to issue such rules, or for the individual residents to choose to observe these limitations on their own movement - it's quite another for the government to decree it. Someone who has not tested positive has had their right to movement and assembly removed by the force of government without due process.

7. New York, Washington, and New Jersey governors trample civil liberties

Again from [Tyler O'Neil](#):

While some of these policies make sense, a threat like the coronavirus does not suspend Americans' constitutional rights.

[National Review's David Harsanyi](#) pointed out a dangerous threat to free speech coming out of Newark, N.J. That city is reportedly [cracking down](#) on "coronavirus disinformation," warning that any "false reporting" — which includes misleading "allegations" on social media — will lead to criminal prosecution.

While some of these policies make sense, a threat like the coronavirus does not suspend Americans' constitutional rights. [National Review's David Harsanyi](#) pointed out a dangerous threat to free speech coming out of Newark, N.J. That city is reportedly [cracking down](#) on "coronavirus disinformation," warning that any "false reporting" — which includes misleading "allegations" on social media — will lead to criminal prosecution.

Besides the ridiculous impracticality of such a policy — will Newark subpoena the IP addresses of random accounts on Twitter to see if they live in the city limits? — it is likely unconstitutional. Such policies raise important questions about the limits of

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Gov. Jay Inslee (D-Wash.) has aimed to "[ban](#)" gatherings of over 250 people in the Seattle area. Of course, it makes sense for the government to warn citizens about the health risks of large gatherings. But, as Harsanyi noted, Inslee's policy might violate citizens' rights to free speech and free assembly.

8. New York City Mayor de Blasio quotes directly from The Communist Manifesto, calling for the nationalization of industry and factories

Can we please put a moratorium on politicians using a health crisis to destroy our personal liberties? Wait, we already did that, when we ratified the Constitution.

<https://pjmedia.com/trending/the-top-eight-most-totalitarian-proposals-in-the-wake-of-the-covid-19-threat/>

Update on Coronavirus Bills in Congress

By Stephanie Kreuz March 20

Things are moving quickly, and I wanted to provide an update. Congress has enacted into law: the Coronavirus Preparedness and Response Supplemental Appropriations Act ("phase 1") and the Families First Coronavirus Response Act ("phase 2"). **They are now negotiating a THIRD bill this weekend, which is called the CARES Act which currently includes bailouts.** Negotiations on this bill will likely wrap up by tonight or tomorrow, and a vote is expected in the Senate by Monday and a House vote quickly thereafter.

The CARES Act coronavirus stimulus bill includes \$200 billion of crony bailouts for special interests and unrelated industries. This would set a terrible precedent for a crisis that does not yet have an end date.

Congress should focus on strategies to help workers remain attached to their employer so we can quickly recover when this pandemic passes. This cannot be done through onerous paid leave mandates (which were placed on small businesses in the "Families First" bill), [expanded unemployment insurance](#), and [Treasury-chosen bailout winners](#).

Better alternatives include:

- 1) **making all businesses eligible for loans for payroll and benefits**, regardless of how many employees they employ (similar to what is being offered to small businesses)
- 2) **expanding the epidemic tax credit included in the Families First bill to all employers** to ensure more lower-income workers for large companies receive paid

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discount, which the federal government already plans to use in order to supply liquidity to businesses and save taxpayers money

4) waiving required minimum distribution rules for retirees to ensure the value of their retirement funds are maximized during the market downturn.

This would help businesses have cash resources to continue making payroll so their employees have steady income while not being able to work. Other smart ideas include delaying tax filing deadlines, which the federal government has announced it will do.

Call Senator Braun and Senator Young at (202) 224-4814 and (202) 224-5623, and Representative Hollingsworth at (202) 225-5315. You can also try calling their district offices or emailing if you cannot get through. Twitter may also be a good strategy for over the weekend.

MESSAGE: NO BAILOUTS. Congress' response should be targeted, temporary, and focused on public health. Better alternatives are: 1) making all businesses eligible for loans to cover payroll and benefits 2) expanding the epidemic tax credit in the Families First bill to all employers 3) the government pre-purchasing goods and services, and 4) waiving minimum distribution rules for retirees.

<https://heritageaction.com/>

Why The Covid-19 Rescue Plan Should Be Vehemently Opposed

By Tyler Durden March 16

More than a few reasons exist to vehemently oppose the federal covid-19 economic rescue package. This is the hastily drawn up package, [which Trump said he fully supports](#) and is rapidly working its way through Washington on its way to becoming law. **The two major reasons for strongly objecting to this bill are, we have no idea what it will cost and it will totally miss its target while dealing a crushing blow to small businesses across America.** Still, because of politics, the measure passed in an overwhelming 363-40 vote in the House soon after Speaker Nancy Pelosi, and Treasury Secretary Steven Mnuchin reached an agreement.

The 110-page bill is being painted as proof lawmakers could work together during a crisis after being sharply divided over party lines during the failed impeachment of President Trump. **By framing the poorly and hastily crafted pork-packed bill this way promoters are positioned to demonize those unwilling to support it.**

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addition to the \$8.3 billion emergency spending bill already approved to curb the spread of covid-19.

Jim Banks, a congressman from northeast Indiana was among 40 Republicans who opposed the bill. Interestingly, the rest of Indiana's nine-member delegation, six Republicans and two Democrats, voted in favor of the act which has been named "Families First Coronavirus Response Act." Banks claimed it was because "Some language will mean major harm for small businesses and our economy." Bank's office referred to a message sent to House leaders from the National Federation of Independent Business, which objected to a provision of the legislation that would require employers with fewer than 500 workers to provide paid medical and family leave. The question is, how many struggling businesses with two to twenty workers have the resources to weather this storm.

90% Of Businesses Are Small

The bill scheduled to go to the Senate will provide free testing for the virus, expand unemployment assistance and increase spending on nutrition programs. Banks tweeted: "There is much in this bill we need to pass, but as the NFIB said in their letter of opposition, the bill would impose potentially unsustainable mandates on small businesses' hurting not helping the backbone of our local economies."

The NFIB correctly contends that "many small business owners simply cannot afford the cost of the new mandate at the same time as they experience increasingly slower sales." The advocacy organization said that many businesses "may not stay afloat" long enough to claim quarterly tax credits provided by the paid-leave provision. According to the bill, employers would have to provide 14 days of paid sick leave for at least two-thirds of a worker's pay. This applies to employees who have the coronavirus, are caring for a family member who has it or who need to care for children due to facilities being closed. For those now forced to take on this burden, this is enough to make their heads spin, unlike government agencies small business owners cannot turn to taxpayers when they can't pay their bills.

Below is a list of what this legislation promises to do:

- *Requires private health plans to cover covid-19 testing at no cost, and allocates \$1 billion for testing for uninsured Americans*
- *Ensures employers with fewer than 500 employees and government employers offer two weeks of paid sick leave through 2020.*
- *Requires those same employers to provide up to 3 months of paid family and medical leave for people forced to quarantine due to the virus or care for family because of the outbreak*
- *Offers payroll tax credits for employers providing those leave benefits*

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states, with an additional \$500 million reserved for states that see a 10% increase in unemployment

- *Puts \$500 million into food assistance for low-income pregnant women and mothers with young children, \$400 million into local food banks and \$250 million into a senior nutrition program*
- *Suspends the Supplemental Nutrition Assistance Program work requirements for the duration of the crisis*

In an effort to silence GOP opposition Trump wrote this bill “will follow my direction for free CoronaVirus tests, and paid sick leave for our impacted American workers.” He also said he directed Mnuchin and Labor Secretary Eugene Scalia “to issue regulations that will provide flexibility so that in no way will Small Businesses be hurt.” Many political pundits see Trump's declaration of a national emergency on Friday and his endorsement of this package as an effort to mitigate damage from his administration's initially weak response to the crisis.

In what appeared a contrived stunt to rally stocks, Trump declared a national emergency, 15 minutes before the market closed on Friday. In his declaration, Trump said he [would temporarily waive the interest on federal student loans](#) but more importantly [directed his administration to buy oil for its strategic reserve](#). This caused oil and stocks to soar. The reality and fears of widespread economic disruption with workers, either sick or laid off has resulted in all major U.S. stock indexes dropping by more than 8% for the week despite rising on Friday.

As expected, in a series of tweets, the president said “I fully support” the legislation negotiated by Pelosi and Treasury Secretary Steven Mnuchin and said he looks forward to signing it “ASAP!” The Senate has canceled its recess plans and is expected to take it up Monday. Senate Majority Leader [Mitch McConnell](#) said senators “will need to carefully review” the proposal. “But I believe the vast majority of Senators in both parties will agree we should act swiftly to secure relief for American workers, families, and small businesses,” he said.

It is difficult to think the incompetent clowns in Washington have a handle on the cost of this bill or that the Congressional Budget Office has had time to assess it. The information is so sparse few of us are able to get details about the language it contains but one thing is certain, the politicians are rushing to pander and pour forth “free stuff.” Sadly, few are considering the unintended consequences that will flow from their so-called efforts to blunt the economic damage of the global pandemic.

Never underestimate the stupidity of government. An example of their lack of competence can be seen at the 16 US airports approved to handle Americans returning to the country. At these airports, unimaginable long lines of people crowd together for hours and hours without masks. This is also playing out in other airports, a passenger arriving at JFK confirmed that they were told to share pens and there was no hand sanitizer. “So if we didn’t have the virus before, we have a

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The reason to vehemently oppose the "Families First Coronavirus Response Act." is that it is ill-conceived. ***Why will anyone want to work, especially government workers when they can get paid to stay home? How do you staff healthcare facilities when nobody comes to work?*** The greatest irony of this farce is that small business owners will be the first to take it on the chin. Privately-owned companies with fewer than 20 are the backbone of America and what makes it work. This means Trump may not understand at what point a small business becomes a medium or large business or simply doesn't care. Ironically, the members of the NFIB strongly supported this same President that is throwing them under the bus.

<https://www.zerohedge.com/political/why-covid-19-rescue-plan-should-be-vehemently-opposed>

Trump Called it the 'Wuhan Coronavirus' for a Legal — and Commonsensical — Reason

By Andrew McCarthy March 17

Amid the truly weighty concerns attendant to the COVID-19 pandemic, the silly season, of course, broke out in Washington: A debate over whether the infectious disease in question should be referred to as the "Wuhan coronavirus" or whether doing so is, as the anti-Trump left and its media megaphone allege, emblematic of racism.

The manufactured controversy is as transparently political as it is ill-conceived. The question of the pathogen's source is being framed to imply Trumpist xenophobia. To the contrary, it is a relevant consideration in the federal government's legal authority to respond.

Early this year, as the outbreak became manifest in China and began its relentless march through Southeast Asia and into Europe, the American press itself alluded incessantly to the Wuhan coronavirus. The sudden case of talking-head amnesia over this is being greeted in conservative media by [hilarious video montages](#) featuring the same scolds, who now decry the term, matter-of-factly invoking it back then.

Sensibly, it could not have been otherwise. Wuhan province was the epicenter of the outbreak. The major story at the start involved suppression by the authoritarian communist regime in Beijing of news and vital information about it.

Nor was this just a typical case of our vainglorious commentariat flaunting its cosmopolitan cred. As my National Review colleague Rich Lowry has [recounted](#),

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for “Middle Eastern Respiratory Syndrome.”

But there is a Republican in the White House, so what was mundane yesterday is racist today.

The politicized derangement of the media-Democrat complex is more damaging to the media than it is to [President Trump](#). In electing him, ardent supporters took him as a showman given to self-absorption and exaggeration; while, for more tepid supporters, the Democrats’ howling about Donald Trump’s, shall we say, economical relationship with the truth was not very persuasive given that they had chosen to nominate [Hillary Clinton](#). The president can prevaricate, but if his results are satisfactory, or at least preferable to the Democratic alternative, he could still convince the country to reelect him.

By contrast, if the media loses its last vestiges of credibility, it has nothing to commend it. Case in point: This past weekend, the Washington Post ran an excellent [report](#) on why “social distancing,” especially when the effort is stepped up, is superior to attempted quarantines and other less effective ways of combating a viral outbreak. But how widely circulated was the report among the population it seeks to inform? The Post’s bread-and-butter is straight reporting, yet it has proudly become the vanguard of anti-Trump. Who is paying attention anymore?

The fact that Wuhan province was the source of the virus was the dispositive factor in the president’s decision in late January to [restrict entry](#) into the United States by foreigners who had been in China the preceding 14 days. If you had been consuming only the media coverage over the past week, you’d think that was just common sense. But because media coverage prioritizes political spin over information, the first reports conveyed caterwauling about Trump’s purported xenophobia, his knee-jerk overreaction based on a supposedly deep-seated hostility to non-white populations.

Today, Trump’s decision seems prescient. Indeed, it may even have been insufficiently swift and expansive. (Many other nations since have been included, and now are imposing their own [border restrictions](#).) In any event, the president will not get credit for sound decisiveness. To be sure, some of this is because he is fairly accused of squandering much of the benefit by pooh-poohing the virus in his rhetoric. Mostly, though, it is because the political tide has changed. The Democratic narrative is now that Trump is ill-informed and unsuited to manage a health emergency.

Ultimately, the president will be judged by how effectively his administration deals with the crisis — not by his banter about how well in hand things are, nor by the counter-portrait of ineptitude his opposition is sketching. On that score, this weekend Trump [formally declared a national emergency](#) under the Stafford Act.

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governments. This includes immediately making available about \$50 billion in federal disaster relief funding.

This is extraordinary authority. The president is not a king. The chief executive may not willy-nilly conjure up an “emergency” as a pretext for issuing orders that could undermine state sovereignty, and for doling out federal dollars that Congress should be allocating.

So, when is the invocation of emergency powers permissible? Congress has vested the president with this authority when a threat to the security and public health of any part of the United States is sufficiently grave to warrant a federal response. In our constitutional system, there are certain situations and categories of activity that automatically trigger federal authority. Most prominent among these are foreign relations, foreign incursions, border security, and matters related to foreign commerce, as well as commerce between the states — which, obviously, may be impacted by foreign commerce.

Consequently, the origination of the virus in China and its transcontinental spread across the globe are highly relevant. They rationalize the president’s authority to address the emergency with Washington’s awesome resources. As President Trump put it in his letter this weekend:

“Only the Federal Government can provide the necessary coordination to address a pandemic of this national size and scope caused by a pathogen introduced into our country. It is the preeminent responsibility of the Federal Government to take action to stem a nationwide pandemic that has its origins abroad, which implicates its authority to regulate matters related to interstate matters and foreign commerce and to conduct the foreign relations of the United States.”

Moreover, the president’s letter elaborates, Congress has explicitly authorized the chief executive, in an emergency, “to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession.”

Not only did history and common sense justify the administration (among others) in noting the origin of the Wuhan coronavirus. Doing so was a legal necessity if the imperative of federal support for beleaguered state governments was to be fulfilled.

We’re in a crisis, folks. What do you say if, in the American spirit of every crisis from the Revolutionary War to 9/11, we take it as a given that officials, including the president, are acting with the best interests of the nation in mind? There will be plenty of occasions in this national election year to judge their performance. For now, let’s assume their good faith.

Then vs. Now: Media Bias & the CDC/FDA Behemoth

By Jim Bratten March 16

In April 2009 the Center for Disease Control (CDC) issued a report on the swine flu: "The 2009 H1N1 Pandemic: A New Flu Virus Emerges." According to CDC estimates, the number of Americans infected with H1N1 swine flu corona virus from April 2009 to April 2010 was 60.8 million, with hospitalizations numbering 274,304. There were 12,469 American deaths due to swine flu over that 12-month period.

Our CDC also estimated that, worldwide, anywhere from 151,700 to 575,400 people died from the (H1N1)pdm09 viral infection during the first year swine flu virus circulated through world populations.

The Obama administration issued no travel bans and suggested no quarantines. A state of emergency wasn't declared until October, 2009 – six months since the onset of the virus and after 1,000 Americans had perished. Media did not complain at all about the lack of action by Obama. No hysteria, no hype, no fear mongering, no infusion of anxiety, etc. There was smooth sailing for Barack Obama with nary a complaint or accusation from media.

This statement appeared in the October 24, 2009 *New York Times*: "Although there has been no exact count, officials said the H1N1 virus has killed more than 1,000 Americans and hospitalized over 20,000." There was measured reporting of facts with no innuendo, finger pointing, or political agitation, and no accusations against Barack Obama; no panic.

Today, President Trump is overwhelmed by constant accusations three months into the Wuhan virus – when he had taken action in *three weeks*, not six months. On February 1, 2020 this headline appeared in *The Hill*: "Biden Slams Trump Response to Coronavirus Epidemic: This is No Time for 'Fearmongering'" That was the day *after* President Trump had declared a "public health emergency." A mere ten virus seasons after 2010, everything has changed.

Today, the media boldly wants Trump's whole plan to deal with the Wuhan virus to fall on its face, despite the address from the Rose Garden at the White House on March 13, when President Trump declared a national emergency, invoking the Stafford Act to release emergency funding for testing and treating the Wuhan virus. Shortly after his declaration, the stock market began a substantial rise, up 1,985 points by close of business that Friday, helping to ease the economic hit from the Wuhan virus.

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A major problem in the launch of this battle against the Wuhan virus has been our own CDC and FDA, needlessly bloated and inefficient federal bureaucracies. The bureaucratic delays, red tape regulations and testing errors are a real problem. The CDC bureaucracy controls every step in the process of dealing with viral diseases and the FDA has final say on testing; both are extremely lethargic and inefficient.

Under CDC regulations and restrictions, states were barred from implementing their own testing procedures and independent labs. The CDC mandated complete control. Fortunately, Trump bypassed the outdated process, dealing directly with private companies and state governments. Under his plan, private sector labs and pharmaceutical companies will be heavily involved, particularly with drive-by testing sites for the Wuhan virus. Hopefully, it will avoid government incompetence in identifying the infected and hastening treatment.

In contrast, South Korea streamlined its process for dealing with pandemics and kept their fatality rate at a low 0.7% of those diagnosed. Their proximity to the source of the viral outbreak and cultural conditions within their nation has dealt them far more cases than in the U.S. – but they don't suffer from *our* bureaucratic bungling.

Drastic deregulation at the CDC (and the FDA) behemoth is paramount to speed up testing and deliver timely treatment.

We have a long way to go.

<http://www.theofficialvipnews.com/google2badecc5bb02684b.html/2020/03/16/then-vs-now-media-bias-the-cdc-fda-behemoth-by-jim-bratten/>

Would it be Unamerican to Refuse Coronavirus Vaccination?

By Bill Sardi March 14

The day is going to come when the long-awaited coronavirus vaccine becomes available. Will it be your civic duty to submit to vaccination?

I'm asking you why you are believing the scare tactics of the virologists, in particular that everyone will get infected with coronavirus. Great! Then nobody will need to get vaccinated!! Because they will have already developed antibodies on their own. This is the great ruse of the coronavirus. Manipulation of the population by health authorities.

A few may be sickened – – smokers, diabetics, obese, the aged, etc. The very weak may succumb to a viral infection that would otherwise cause only mild symptoms. The healthy will either experience a mild fever or no symptoms at all.

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whatsoever. The fearmongering virologists are frightening the public, urging people to self-quarantine, and not clueing in the public that vaccines will not be necessary for those who test positive for coronavirus but have developed antibodies on their own and have mild or no symptoms. Don't fall for the coronavirus con game.

But on a future trip to the doctor's office, you are going to be confronted with the option to inoculate with a coronavirus vaccine. Presume you will have a choice to get vaccinated against coronavirus. How will you go about making that decision? Do you have the gumption to say no to the doctor.

If you are like many others, you don't want to get into any arguments (i.e. you don't want to risk losing friendship over this, and you don't want to alienate your doctor) and may not have time to read this entire report. **If you just want instruction about what to do to avoid the coronavirus and forget about the vaccine for now**, skip forward to the last page of this report.

Better safe than sorry you say to yourself. Better to get vaccinated. I offer contrarian thoughts about vaccination against coronavirus. But, "what if?... you ask. I know that is what you are thinking. Deep down there is fear. And fear breeds poor decision making. But you may already have antibodies to coronaviruses.

But only the vaccine gives peace of mind.

Little do we know, the problem is right there in your home – **it's your immune system**. And maintaining your immune system is much more powerful than vaccines. In fact, vaccines don't work without certain nutrients.

What is fear after all? It is indecision.

In light of the news reports surrounding the coronavirus epidemic, I now must ask: **just how gullible are you?**

How can a naïve public that believes almost everything it hears and sees on evening TV network news is the truth, in any way question the prevailing fear that coronavirus kills? You don't understand, after watching hours of network evening TV news over your lifetime, that the pharmaceutical companies and vaccine makers "own" TV news? That what you are hearing is propaganda?

You mean to tell me, that after the CDC said that thousands more Americans (not really) died of the flu last year than this year, yet no panic resulted, no quarantines were called for, no hand-washing habits recommended or withdrawal from offering a handshake to friends?

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Last year was worse than this year. Why didn't TV reporters run around and report each and every case of the flu last year as they are doing now with coronavirus? The flu is just as deadly to older Americans as coronavirus. So why have public health authorities and news media chosen to frighten the public and suggest the public begin self-quarantining themselves because of this newly mutated pathogen?

Do you think what you have been told about vaccines is true? Do you think the American population is being set up, driven by fear, to clamor for a new vaccine?

[You had better hope, in the rush to market, the new vaccine doesn't have another hidden virus in it like the polio shot did, which increased the risk for cancer.](#)

This coronavirus panic is fostered by self-interested parties who can't even make enough people die to totally convince you to vaccinate.

You are/aren't being lied to about vaccines?

What is the Centers for Disease Control's history with regard to transparency and truthfulness regarding vaccination?

What if I showed you convincing evidence that Americans are being lied to about vaccines? Over 9 in 10 school-age kids are vaccinated. Dutiful Americans see that their kids get the shots because that is the American way. I think there is too much fear-based pressure for parents to withhold their school-age children from being vaccinated, particularly in light of recent outbreaks of infectious diseases that are being blamed on anti-vaxxers (actually being caused by [synthetic vaccines not providing life-long immunity like old-fashioned vaccines once did](#)). That's social pressure. But there is also legal pressure. In fact, failure to vaccinate your children is now considered child neglect these days.

Did you know that [many physicians don't vaccinate their own kids like they recommend to parents](#)? (That's another lie, if not a betrayal of trust.)

So, let me throw some additional evidence in front of you. Below is a chart showing the flu vaccine ineffectiveness for 15 consecutive years.

It's what the chart **doesn't reveal** that is most troubling. The data above does not reveal that every year the flu vaccine was almost worthless among the very young (under age 6) and the very old (over age 70), the highest risk groups for death from the flu. That is because these two age groups are not able to produce sufficient antibodies after inoculation. It is the immune system, not the vaccines, that is failing.

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https://www.lewrockwell.com/2020/03/no_author/would-it-be-unamerican-to-refuse-coronavirus-vaccination/

U.S FLU VACCINE EFFECTIVENESS BY FLU YEAR (OCTOBER-FEBRUARY)

Source: [WIKIPEDIA](#)

YEAR	EFFECTIVE	YEAR	EFFECTIVE	YEAR	EFFECTIVE
2004	10%	2009	56%	2014	19%
2005	21%	2010	60%	2015	48%
2006	52%	2011	47%	2016	40%
2007	37%	2012	49%	2017	38%
2008	41%	2013	52%	2018	29%



DR. FAUCI AND NURSE RATCHED

We Are Being Played [VIDEO]

By Amazing Polly March 19

Who exactly is handling the Corona Virus Task Force in the US? I look in to the background of Debra Birx which leads us to PEPFAR (President's Emergency Plan

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EDITOR'S NOTE: Best part is final 2 minutes starting at 43:00.

204K views 45:43 minutes

https://www.youtube.com/watch?time_continue=10&v=RSfP8sXtMbk



Will the Costs of a Great Depression Outweigh the Risks of Coronavirus?

Federal and state governments are making a massive gamble about a little-understood new virus. They are betting our future on the most extreme worst-case scenario without considering the costs.

By Joy Pullmann March 19

Federal and state governments are making a massive gamble about a little-understood new virus. They may not only be betting our entire economy, but our nation's future. Thus it's imperative that they not make foolish choices.

We shouldn't allow policy under a Republican president to be driven by a Democrat like Steve Mnuchin, whose overwhelming priority is reassuring Wall Street above all else. Voters don't vote for Donald Trump to get Obama-Bush bailouts of Wall Street and welfare expansions.

The current gamble seems to be to shut down the nation indefinitely to suppress a virus that is especially deadly to some demographics and [experts agree cannot be contained, only slowed](#). The New York Times claims the basis of many U.S. officials' decisions so far is a [report](#) from Imperial College London, and other models that spit out similar results. It says to contain the virus it will be necessary to quarantine Americans for two- to three-month stretches *repeatedly over the next 18 months*.

The alternative, says the report, is 4 million Americans dead, half who would

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projects the U.S. death toll at about 2 million, again half from lack of ventilators, not depth of disease.

This is why state governors are [shutting down](#) restaurants, schools, entertainment venues, government offices, parks, historical sites, churches, and travel. Most Americans and businesses likely can sustain a suspension of their lives for two weeks, the usual annual vacation time.

But start extending these bans to one and two months, and then to four and six months, and people are going to revolt as they sit chained to their houses, watching their jobs, businesses, and retirement accounts disappear, replaced with funny money taken from yet-unborn generations and no end in sight. Numerous people are already skeptical and fed up with the lockdowns, and we're not a week in.

Computer Estimates Can't Weigh All of the Real Risks

Plus, these are just estimates, not a crystal ball. We can't know the future, and different countries have already shown highly different disease spreads based on different population characteristics, health care capacity, and government response.

Just [one competing projection](#), from the Hoover Institution, suggests "the total number of cases **world-wide** will peak out at well under 1 million, with the total number of deaths at under 50,000" (emphasis added). This is near the annual death rate due to flu in the United States alone. We don't know if that estimate is accurate either, but that's the point.

[Here's another](#) hysteria skeptic with impeccable medical and statistical knowledge, John P.A. Ioannidis, a professor of medicine, epidemiology, and statistics at Stanford University and co-director of Stanford's Meta-Research Innovation Center.

If we assume that case fatality rate among individuals infected by SARS-CoV-2 is 0.3% in the general population — a mid-range guess from my Diamond Princess analysis — and that 1% of the U.S. population gets infected (about 3.3 million people), this would translate to about 10,000 deaths. This sounds like a huge number, but it is buried within the noise of the estimate of deaths from 'influenza-like illness.' If we had not known about a new virus out there, and had not checked individuals with PCR tests, the number of total deaths due to 'influenza-like illness' would not seem unusual this year. At most, we might have casually noted that flu this season seems to be a bit worse than average. The media coverage would have been less than for an NBA game between the two most indifferent teams.

Some worry that the 68 deaths from Covid-19 in the U.S. as of March 16 will increase exponentially to 680, 6,800, 68,000, 680,000 ... along with similar

We're acting as if coronavirus is for sure going to amount to the worst-case scenario without knowing that is true. If we all do shelter in place for the next year and a half while politicians pass [the equivalent of the Obama-Bush stimulus](#) that suffocated the economy 12 years ago, the "experts" will insist the nation's long-term ability to provide for itself was required to save millions of lives. There will be no way to prove them wrong, even if they are.

It seems a fool's errand to pre-emptively and indefinitely risk everyone's livelihoods without hard information about what is happening and a risk assessment that includes the serious dangers of killing the U.S. economy, not what computers *project* will happen with [lots of missing, unreliable, and rapidly changing information](#).

Some Things We Do Know Indicate Cautious Optimism

The current numbers we have not only show that different countries are managing the disease better and worse, but that not one of the countries further along in the spread of the virus is anywhere close yet to indicating these apocalyptic numbers for the United States, at least in the next two to three months.

Here is a chart my husband made using [WHO, CDC, and other public data](#) about deaths per day of outbreak. It shows the U.S. death rate due to Wuhan flu is much lower at the same stage of the outbreak than most of the other high-spread countries.

Anywhere from [80 percent of infections in adults](#) to [95 percent of infections in children](#) appear to be mild to moderate cases overcome in about two weeks with rest at home. The vast majority of cases look like CBS News Correspondent Seth Doane's. He can even be on TV while infected, for pete's sake.

Sharyl Attkisson has gone through the U.S. deaths to March 17, and as in other countries they are [overwhelmingly](#) among the very elderly and people with pre-existing conditions. The entire population is not at severe risk from coronavirus — although we are at severe risk from a wrecked economy and welfare expansions beyond Franklin Delano Roosevelt's wildest dreams.

If we continue the present course U.S. politicians are taking, "we'll be spending a lot more than we've ever been willing to spend before to avoid flu deaths. Eighty-three percent of our economy will be suppressed to relieve pressure on the 17% represented by health care. This will have to last months, not weeks, to modulate the rate at which a critical mass of 330 million get infected and acquire natural immunity," [writes Holman Jenkins](#) at The Wall Street Journal.

to keep them safe by less disastrous means?

Most Working- and School-Age Americans Are at Low Risk

Every year, 40,000 Americans [die in car wrecks](#). I don't see any critical mass of politicians calling for banning cars, and if they did, they would lose their next election. That's because we as Americans have decided that the benefits of modern transportation outweigh the lives of 40,000 Americans a year, which a few years ago included my own young brother. Do I still drive a car? Daily.

My point here is not that I like people dying. It's that very often our society chooses to allow deaths because the alternative is worse. I'm suggesting the severe social and economic tradeoffs of unlimited quarantine are an important consideration that is not being taken seriously enough.

That's especially true because the majority of people now being kept home are not at severe risk. Here are the currently known fatality risks by age and comorbidity (pre-existing health problems), [from WHO and Chinese data](#):

Would it be more prudent to severely shelter those at risk while the rest of us keep the country going? We can take steps like this while not choosing to crush small businesses and employees who cannot telework for one or two months, let alone 18.

These Doomsday Models Have Serious Flaws

In introducing his competing model, Richard Epstein at the Hoover Institution writes of serious flaws in predictions of 1 million or more Americans dead from coronavirus:

Based on the data, I believe that the current dire models radically overestimate the ultimate death toll. There are three reasons for this.

First, they underestimate the rate of adaptive responses, which should slow down the replication rate. Second, the models seem to assume that the vulnerability of infection for the older population—from 70 upward—gives some clue as to the rate of spread over the general population, when it does not. Third, the models rest on a tacit but questionable assumption that the strength of the virus will remain constant throughout this period, when in fact its potency should be expected to decline over time, in part because of temperature increases.

He points out that South Korean data, which is more complete than most other

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individuals is severe, with nearly 90% of total deaths coming from individuals 60 and over. But these data do not call for shutting down all public and private facilities given the extraordinarily low rates of death in the population under 50," Epstein writes.

"Of course, every life lost is a tragedy...but those deaths stemming from the coronavirus are not more tragic than others, so that the same social calculus applies here that should apply in other cases," he says.

A Depression Will Ruin 330 Million Lives, Not 4 Million

The costs Americans are being forced to bear may be more than is rational to impose. Already [one-fifth of working Americans](#) are being laid off and having work hours cut due to not even one week of suspensions.

"[T]he massive curtailments of the U.S. economy can have as many health consequences as the virus itself—if millions lose income and jobs, become depressed in self-isolation, increase smoking, and drug and alcohol use, and postpone out of fear necessary buying and visits to doctors and hospitals for chronic and serious medical conditions unrelated to the virus," writes [Victor Davis Hanson](#).

What if the real scenario is one of these: 1) We plunge the nation into a depression that kills many businesses and addicts millions to welfare, in a nation that has already pledged more welfare than it can afford for at least the next three generations. Because of this depression, many people die due to poverty, lack of medical care, and despair. Millions more transform from workers to takers, causing a faster implosion of our already mathematically impossible welfare state.

2) The nation quarantines only at-risk populations and those with symptoms, like South Korea has, and ensures targeted and temporary taxpayer support to those groups, goes nuts cranking out ventilators and other crisis equipment such as temporary hospitals using emergency response crews, while the rest of us keep calm, wash our hands, take extreme care with the at-risk groups, and carry on.

Why would the entire nation grind to a halt when the entire nation is not at a severe risk? I would rather have a flu I am 99.8 percent likely to survive than the nation plunged into chaos indefinitely because we pulled the plug on our economy during a stampede.

At the very least, Congress should wait a week or two, while half the nation or more is home, to see how the infection rates look as millions of test kits go out. The worst-case scenario they are predicating their actions on may not be the one we're facing. Prudence suggests a measured, wait and see approach to policy until we have

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<https://thefederalist.com/2020/03/19/will-the-costs-of-a-great-depression-outweigh-the-risks-of-coronavirus/>



A Fiasco in the Making? As the Coronavirus Pandemic Takes Hold, We are Making Decisions Without Reliable Data

By John Ioannidis March 17

The current coronavirus disease, Covid-19, has been called a once-in-a-century [pandemic](#). But it may also be a once-in-a-century evidence fiasco.

At a time when everyone needs better information, from disease modelers and governments to people quarantined or just social distancing, we lack reliable evidence on how many people have been infected with SARS-CoV-2 or who continue to become infected. Better information is needed to guide decisions and actions of monumental significance and to monitor their impact.

Draconian countermeasures have been adopted in many countries. If the pandemic dissipates — either on its own or because of these measures — short-term extreme social distancing and lockdowns may be bearable. How long, though, should measures like these be continued if the pandemic churns across the globe unabated? How can policymakers tell if they are doing more good than harm?

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test properly. Given such timelines, the consequences of long-term lockdowns are entirely unknown.

The data collected so far on how many people are infected and how the epidemic is evolving are utterly unreliable. Given the limited testing to date, some deaths and probably the vast majority of infections due to SARS-CoV-2 are being missed. We don't know if we are failing to capture infections by a factor of three or 300. Three months after the outbreak emerged, most countries, including the U.S., lack the ability to test a large number of people and no countries have reliable data on the prevalence of the virus in a representative random sample of the general population.

This evidence fiasco creates tremendous uncertainty about the risk of dying from Covid-19. Reported case fatality rates, like the official 3.4% rate from the World Health Organization, cause horror — and are meaningless. Patients who have been tested for SARS-CoV-2 are disproportionately those with severe symptoms and bad outcomes. As most health systems have limited testing capacity, selection bias may even worsen in the near future.

The one situation where an entire, closed population was tested was the Diamond Princess cruise ship and its quarantine passengers. The case fatality rate there was 1.0%, but this was a largely elderly population, in which the death rate from Covid-19 is much higher.

Projecting the Diamond Princess mortality rate onto the age structure of the U.S. population, the death rate among people infected with Covid-19 would be 0.125%. But since this estimate is based on extremely thin data — there were just seven deaths among the 700 infected passengers and crew — the real death rate could stretch from five times lower (0.025%) to five times higher (0.625%). It is also possible that some of the passengers who were infected might die later, and that tourists may have different frequencies of chronic diseases — a risk factor for worse outcomes with SARS-CoV-2 infection — than the general population. Adding these extra sources of uncertainty, reasonable estimates for the case fatality ratio in the general U.S. population vary from 0.05% to 1%.

That huge range markedly affects how severe the pandemic is and what should be done. A population-wide case fatality rate of 0.05% is lower than seasonal influenza. If that is the true rate, locking down the world with potentially tremendous social and financial consequences may be totally irrational. It's like an elephant being attacked by a house cat. Frustrated and trying to avoid the cat, the elephant accidentally jumps off a cliff and dies.

Could the Covid-19 case fatality rate be that low? No, some say, pointing to the high rate in elderly people. However, even some so-called mild or common-cold-type

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coronaviruses infect tens of millions of people every year, and account for [3% to 11%](#) of those hospitalized in the U.S. with lower respiratory infections each winter.

These “mild” coronaviruses may be implicated in several thousands of deaths every year worldwide, though the vast majority of them are not documented with precise testing. Instead, they are lost as noise among 60 million deaths from various causes every year.

Although successful surveillance systems have long existed for influenza, the disease is confirmed by a laboratory in a tiny minority of cases. In the U.S., for example, so far this season [1,073,976 specimens have been tested](#) and 222,552 (20.7%) have tested positive for influenza. In the same period, the estimated number of influenza-like illnesses is between 36,000,000 and 51,000,000, with an estimated 22,000 to 55,000 flu deaths.

Note the uncertainty about influenza-like illness deaths: a 2.5-fold range, corresponding to tens of thousands of deaths. Every year, some of these deaths are due to influenza and some to other viruses, like common-cold coronaviruses.

In [an autopsy series](#) that tested for respiratory viruses in specimens from 57 elderly persons who died during the 2016 to 2017 influenza season, influenza viruses were detected in 18% of the specimens, while any kind of respiratory virus was found in 47%. In some people who die from viral respiratory pathogens, more than one virus is found upon autopsy and bacteria are often superimposed. A positive test for coronavirus does not mean necessarily that this virus is always primarily responsible for a patient’s demise.

If we assume that case fatality rate among individuals infected by SARS-CoV-2 is 0.3% in the general population — a mid-range guess from my Diamond Princess analysis — and that 1% of the U.S. population gets infected (about 3.3 million people), this would translate to about 10,000 deaths. This sounds like a huge number, but it is buried within the noise of the estimate of deaths from “influenza-like illness.” If we had not known about a new virus out there, and had not checked individuals with PCR tests, the number of total deaths due to “influenza-like illness” would not seem unusual this year. At most, we might have casually noted that flu this season seems to be a bit worse than average. The media coverage would have been less than for an NBA game between the two most indifferent teams.

Some worry that the 68 deaths from Covid-19 in the U.S. [as of March 16](#) will increase exponentially to 680, 6,800, 68,000, 680,000 ... along with similar catastrophic patterns around the globe. Is that a realistic scenario, or bad science fiction? How can we tell at what point such a curve might stop?

The most valuable piece of information for answering those questions would be to

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infections. Sadly, that's information we don't have.

In the absence of data, prepare-for-the-worst reasoning leads to extreme measures of social distancing and lockdowns. Unfortunately, [we do not know](#) if these measures work. School closures, for example, may reduce transmission rates. But they may also backfire if children socialize anyhow, if school closure leads children to spend more time with susceptible elderly family members, if children at home disrupt their parents ability to work, and more. School closures may also diminish the chances of developing herd immunity in an age group that is spared serious disease.

This has been the perspective behind the different stance of the United Kingdom [keeping schools open](#), at least until as I write this. In the absence of data on the real course of the epidemic, we don't know whether this perspective was brilliant or catastrophic.

[Flattening the curve](#) to avoid overwhelming the health system is conceptually sound — in theory. A visual that has become viral in media and social media shows how flattening the curve reduces the volume of the epidemic that is above the threshold of what the health system can handle at any moment.

Yet if the health system does become overwhelmed, the majority of the extra deaths may not be due to coronavirus but to other common diseases and conditions such as heart attacks, strokes, trauma, bleeding, and the like that are not adequately treated. If the level of the epidemic does overwhelm the health system and extreme measures have only modest effectiveness, then flattening the curve may make things worse: Instead of being overwhelmed during a short, acute phase, the health system will remain overwhelmed for a more protracted period. That's another reason we need data about the exact level of the epidemic activity.

One of the bottom lines is that we don't know how long social distancing measures and lockdowns can be maintained without major consequences to the economy, society, and mental health. Unpredictable evolutions may ensue, including financial crisis, unrest, civil strife, war, and a meltdown of the social fabric. At a minimum, we need unbiased prevalence and incidence data for the evolving infectious load to guide decision-making.

In the most pessimistic scenario, which I do not espouse, if the new coronavirus infects 60% of the global population and 1% of the infected people die, that will translate into more than 40 million deaths globally, matching the 1918 influenza pandemic.

The vast majority of this hecatomb would be people with limited life expectancies. That's in contrast to 1918, when many young people died.

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lockdowns of months, if not years, life largely stops, short-term and long-term consequences are entirely unknown, and billions, not just millions, of lives may be eventually at stake.

If we decide to jump off the cliff, we need some data to inform us about the rationale of such an action and the chances of landing somewhere safe.

<https://www.statnews.com/2020/03/17/a-fiasco-in-the-making-as-the-coronavirus-pandemic-takes-hold-we-are-making-decisions-without-reliable-data/>

Red and Blue America Aren't Experiencing the Same Pandemic

The disconnect is already shaping, even distorting, the nation's response.

By Ronald Brownstein March 20

Even a disease as far-reaching as the coronavirus hasn't entirely crossed the chasm between red and blue America.

In several key respects, the outbreak's early stages are unfolding very differently in Republican- and Democratic-leaning parts of the country. That disconnect is already shaping, even distorting, the nation's response to this unprecedented challenge—and it could determine the pandemic's ultimate political consequences as well.

A flurry of new national polls released this week reveals that while anxiety about the disease is rising on both sides of the partisan divide, Democrats consistently express much more concern about it than Republicans do, and they are much more likely to say they have changed their personal behavior as a result. A similar gap separates people who live in large metropolitan centers, which have become the foundation of the Democratic electoral coalition, from those who live in the small towns and rural areas that are the modern bedrock of the GOP.

Government responses have followed these same tracks. With a few prominent exceptions, especially Ohio, states with Republican governors have been slower, or less likely, than those run by Democrats to impose restrictions on their residents. Until earlier this week, Donald Trump downplayed the disease's danger and overstated the extent to which the United States had "control" over it, as the conservative publication *The Bulwark* [recently documented](#). Conservative media figures including Rush Limbaugh and Sean Hannity likewise insisted for weeks that the media and Democrats were exaggerating the danger as a means of weakening Trump. Several [Republican](#) elected [officials](#) encouraged their constituents to visit bars and restaurants precisely when federal public-health officials were urging the

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The disparity between the parties was underscored late yesterday afternoon when Los Angeles Mayor Eric Garcetti and California Governor Gavin Newsom, both Democrats, issued rapid-fire orders closing down all non-essential businesses, first in the city and then in the entire state, a jurisdiction of 39.5 million people.

This divergence reflects not only ideological but also geographic realities. So far, the greatest clusters of the disease, and the most aggressive responses to it, have indeed been centered in a few large, Democratic-leaning metropolitan areas, including Seattle, New York, San Francisco, and Boston. At yesterday's White House press briefing, Deborah Birx, the administration's response coordinator, said half of the nation's cases so far are located in just 10 counties. The outbreak's eventual political effects may vary significantly depending on how extensively it spreads beyond these initial beachheads.

If the virus never becomes pervasive beyond big cities, that could reinforce the sense among many Republican voters and office-holders that the threat has been overstated. It could also fuel the kind of xenophobia that Trump and other GOP leaders, such as Senator Tom Cotton of Arkansas, have encouraged by labeling the disease the "Chinese virus" or the "Wuhan virus."

"There's a long history of conservatives demonizing the cities as sources of disease to threaten the 'pure heartland,'" says Geoffrey Kabaservice, the director of political studies at the libertarian Niskanen Center and the author of *Rule and Ruin*, a history of the modern Republican Party. "That's an old theme. So that could be how it goes down."

Conversely, the charge that Trump failed to move quickly enough may cut more deeply if the burden of the disease is heavily felt in the smaller communities where his support is deepest. Most medical experts believe that, eventually, the outbreak will reach all corners of the country, including the mostly Republican-leaning small towns and rural areas that are now less visibly affected.

"There's no reason to think that smaller communities will be protected from it," Eric Toner, a senior scholar at the Johns Hopkins Center for Health Security, told me. "It may take longer for it to get there, but as long as there are people coming and going ... the virus will eventually find its way to rural communities as well."

Still, some experts believe that, throughout the outbreak, the greatest effects will remain localized in large urban centers. "The bottom line is, every epidemic is local, and the social networks and the physical infrastructure in any specific geographic area will determine the spread of the epidemic," Jeffrey D. Klausner, a professor of medicine and public health at the David Geffen School of Medicine at UCLA, told me. "Particularly, respiratory viruses are dependent on close social networks and are going to spread much more efficiently in crowded, densely populated urban

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The tendency of Democratic-leaning places to feel the impact first reflects the larger economic separation between the two parties. [Democrats now dominate](#) the places in the U.S. most integrated into the global economy, which may be more likely to receive international visitors or see their own residents travel abroad.

[On the case-tracking website](#) maintained by Johns Hopkins University's Center for Systems Science and Engineering, each of the four states with the largest number of coronavirus cases is a Democratic-leaning place along the coast: New York, Washington, California, and New Jersey. Florida, a coastal, internationally oriented state that leans slightly toward the GOP, ranks fifth. Illinois, Louisiana, Massachusetts, and Texas, each with at least one big urban center that functions as a gateway for tourism and trade, come in next. And though the Johns Hopkins project isn't publishing precise county and municipal data on the outbreak, the biggest clusters of disease have all erupted in a few large metropolitan areas.

Toner said that while "it's not universally the case" that pandemic diseases tend to spread first in the places most open to international travel, "as a general rule" that is the progression they follow. "The virus travels with people," Toner said. "So, where people travel is where the virus goes first, and then it spreads out from those areas in which it has been introduced."

By contrast, with only a few exceptions, the states with the fewest number of confirmed cases are smaller, Republican-leaning ones between the coasts, with fewer ties to diverse populations and the global economy. That list includes Wyoming, Idaho, Missouri, Montana, South Dakota, Oklahoma, and Kansas. (One important caveat: Testing in the United States remains deficient, so many cases are inevitably flying under the radar. "It's not the case that other places don't have cases," Toner said. "They just don't recognize them yet.")

Republican-leaning states to this point are displaying notably less urgency about the outbreak. Of the states that have taken the fewest actions to restrict public gatherings or limit restaurant service on a statewide basis—such as Texas, Missouri, and Alabama—almost all have Republican governors, according to research by Topher Spiro, the vice president for health policy at the liberal Center for American Progress, where he directs a program that examines state health initiatives.

That's left Democratic-run cities in those red states—such as Houston, Tucson, Nashville, and Atlanta—to try to impose their own rules on public gatherings. Yet all those local limits face an obvious problem: People from elsewhere in the state can still travel to their jurisdictions. "We can't seal our borders," [acknowledged Lina Hidalgo](#), the chief administrator in Harris County, Texas, which includes Houston, when she announced county-wide closures on Monday.

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[proposals](#) to shut restaurants, schools, and other establishments as recommendations, not requirements, thus permitting a patchwork of local responses. But generally, Spiro's research found, almost all of the states that took the earliest and most dramatic statewide action, such as New York, New Jersey, Connecticut, Rhode Island, and Illinois, have Democratic governors.

Public attitudes about the outbreak are separating along the same lines. The huge differences between Republicans and Democrats extend not only to assessments of Trump's response to the outbreak but also to its underlying level of danger and the need to change personal behavior. If anything, there's considerable evidence that those gaps are widening.

[A national Gallup poll released Monday](#), for instance, found that while 73 percent of Democrats and 64 percent of independents said they feared that they or someone in their family might be exposed to the coronavirus, only 42 percent of Republicans agreed. That 31-percentage-point difference dwarfed the gap in February, when slightly more Republicans (30 percent) than Democrats (26 percent) said they were concerned.

Other surveys have found comparably stunning differences. In an NBC/*Wall Street Journal* poll released Sunday, Republicans were only half as likely as Democrats to say that they planned to stop attending large gatherings, and just one-third as likely to say that they had cut back on eating at restaurants. [In an NPR/PBS NewsHour/Marist poll released Tuesday](#), just over half of Republicans said the threat from the virus had been exaggerated, compared with one in five Democrats and two in five independents.

In a nationwide [Kaiser Family Foundation poll released the same day](#), about half of Democrats and Democrat-leaning independents said the outbreak had disrupted their life at least some, according to detailed results provided to me by the pollsters. But only one-third of Republicans and those who leaned Republican agreed. About half of Democrats said they had changed travel plans and decided not to attend large gatherings. In both cases, less than one-third of Republicans agreed.

Kabaservice says the tendency of GOP voters and officials to downplay the risk partly reflects Trump's initially dismissive messaging about the crisis. But it may also relate to a deeper ideological suspicion of scientists, the media, and subject-matter experts within the federal government.

"This is something we've gone through a while here among Republicans," Kabaservice says. "The feeling increasingly is that experts and the media are all part of this elite class that is self-dealing and is looking down on less-educated and less-fortunate people, and [that] they can't be trusted to tell the truth." He adds, "That dynamic ... has been reinforced" by the emergence of the "conservative

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The parties' contrasting geographic bases of support may also have an influence. Recent public polling has found an imposing gulf in attitudes between urban and suburban areas on one side and small-town and rural areas on the other.

In the Gallup survey, two-thirds of urban residents and three-fifths of those in suburbs said they were concerned about someone around them contracting the coronavirus, while only about half of those living in rural areas agreed, according to detailed results provided to me by Gallup. (That town-and-country gap had widened since February.) In the Kaiser poll, more than two-thirds of rural residents said the outbreak had disrupted their life little or not at all, while nearly half of urban residents said they had already experienced disruption. Additionally, rural residents were almost twice as likely as those in urban areas to express confidence in Trump's handling of the crisis.

Eva Kassens-Noor, a professor in the global-urban-studies program at Michigan State University, studied urban/rural patterns in the 1918 flu pandemic in India. Her research found that mortality was much greater in urban places above a certain density level than in rural places below it. She believes that U.S. communities will experience the coronavirus in contrasting, but complex, ways: While the disease will probably spread more rapidly in urban areas, she says, more of the population there is young and healthy. And while outbreaks may not be as pervasive in rural America, they could still prove very damaging because the population is older and has less access to quality health care.

Mortality rates, she says, will ultimately hinge on how rigorously communities minimize interaction by practicing social distancing. "It is all about individuals closing all of their social networking," she says.

More penetration of the virus into reliably Republican rural regions probably won't erase the partisan gap in perception of the danger. The Republican pollster Bill McInturff, whose firm Public Opinion Strategies co-manages the NBC/WSJ poll, says that even Republicans in and around big cities remain much more dubious of the threat than their Democratic neighbors.

But if the outbreak becomes more widely dispersed over time, it may be tougher for even the most conservative governors to resist action—or for Trump to escape consequences for his initially dismissive response.

"Seattle, San Francisco, New York, Boston are just a few weeks ahead of other parts of the country," Toner said. "There will be outbreaks in places that we will be very surprised by. I am quite confident about that."

<https://www.theatlantic.com/politics/archive/2020/03/how-republicans-and-democrats-think-about-coronavirus/608395/>

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