

Panic Never Helped Any Pandemic and Won't Start Now

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CNN Business calls it “a pandemic unprecedented in modern times.” That would probably include the so-called “Spanish Flu” pandemic of 1918-19 that killed more than 500,000 Americans, and perhaps 20 million to 50 million worldwide. Coronavirus so far has killed fewer than 75 Americans, fewer than 7,000 people worldwide, and its growth internationally already is clearly slowing. But economic growth is another matter: We're now in a bear market, with worldwide recession a serious possibility. For hysteria has now become the “conventional wisdom.”

Invoking the “Black Death,” which probably wiped out a third of Europe, both CNN and the Washington Post have reported that Iran is digging (per the Post) “Coronavirus Burial Pits So Vast They're Visible From Space.” Never mind that Google can read your license plate from space, nor that on average more than 1,200 Iranians die daily and the country has reported less than 80 COVID-19 deaths since virus was detected there a month ago. For those without enough fingers, that's a 0.2% increase in deaths per day. The cemeteries can handle it.

Then there's that Peggy Noonan op-ed in the Wall Street Journal that unabashedly declared: “Don't Panic' Is Bad Advice.”

Ahem. Don't panic.

Another Epidemic of Hysteria

COVID-19 is just the latest, albeit the most extreme, in a long series of epidemic hysterias I have covered going back to the “heterosexual AIDS explosion” (“Now No One is Safe from AIDS”) of the 1980s, avian flu, Ebola I and Ebola II, the Zika virus and others. They are known scientifically as “mass psychogenic illness,” and even more specifically as “moral panic” – the same type of hysteria that led to centuries of witch hunts.

Thus I was writing such articles as “Hysteria, Thy Name Is SARS” in 2003 while highly respected journals such as the New Scientist were screaming “SARS Could Eventually Kill Millions.” It ultimately killed only 774, and zero Americans, before simply disappearing in a hot July.

Seven years later, in reaction to routine invocations of the 1918-19 flu, I published “No More Crying ‘Spanish Flu.’” noting that there have been a few medical advances in the last century including antivirals, pneumonia vaccines, and antibiotics to treat secondary infections that the viral infections permit to take hold.

Heck, use of IV tubes to deliver lifesaving saline solution, drugs, and nutrients didn’t even become common in the U.S. until the 1960s.

Those who say the U.S. is somehow particularly ill-equipped to deal with extra hospitalizations are wrong. As Forbes recently noted, U.S. hospitals have vastly more critical care beds than Italy, which in turn has more than South Korea. And you don’t even want to hear about China.

That said, a tsunami of hysterical “worried well” can threaten any health care system. So you see, Miss Noonan, there are serious problems with “erring on the side of caution.” They don’t call it “erring” for nothing.

What’s Missing: Perspective and Data

What’s always lost in epidemic hysterias are two things: perspective and data that’s readily available but ignored because it doesn’t serve the agenda of the budget-hungry health organizations and headline-happy media – with their “experts” who are often designated as such by the direness of their predictions.

For perspective, at least 22,000, and perhaps more than 50,000, Americans have died from this season’s flu so far, according to the Centers for Disease Control and Prevention. In a recent year, it estimated there were 80,000 flu deaths. Worldwide, flu grimly reaps about 291,000 to 646,000 annually. As in all past hysterias, you hear about exceptional cases such as Tom Hanks and wife. But how many famous actors have gotten the flu? Who knows? Nobody cares.

Alarmists will say the comparison isn’t fair in that we have some natural immunity to the flu, plus a flu vaccine. Yet, the opposite case can be made: These people are getting the flu and dying of it *even though* many of us have some natural immunity to it and there’s a readily available vaccine.

Further, the direct economic impact of COVID-19 (again as opposed to that caused by hysteria havoc) is muted in that even more so than the flu it’s *a disease of the old and infirm.* An analysis by China’s Center for Disease Control & Prevention found that most deaths occurred in those age 80 and over, which is rather startling given the relatively small number of Chinese that old. Nobody younger than 10 died. Further, almost all those elderly dead had “comorbid” conditions of cardiovascular disease, diabetes, or

hypertension. (Interestingly, because of the overlap in potential victims we can expect fewer flu deaths this year.)

For all the talk about the alleged lethality of coronavirus, that's not what those figures just provided show. It's definitely worse than "a bad cold," but whether or how much worse than the flu we don't know. We do know that it very much depends on the individual and the country. The media's repeated and continued invocation of Chinese death rates is simply pathetic.

Understanding Farr's Law

In terms of contagiousness, even the alarmist WHO doesn't pretend it's as infectious as flu. That's why you've never heard of a "flu quarantine," or "social distancing" for flu. It would be useless. Yet the media are lapping up "expert" predictions of as many as 214 million U.S. cases. The higher your figure, the more likely you are to make the papers.

Regarding those dire predictions of future cases, as with all those aforementioned panics it's sheer nonsense. Far from an exponential explosion, COVID-19 cases are following the normal pattern of "Farr's Law." First promulgated back in 1840 and taught in Epidemiology 101, it states that all epidemics tend to rise and fall in a roughly symmetrical pattern or bell-shaped curve. AIDS, SARS, Ebola, Zika – all followed that pattern. So does seasonal flu each year. In America, it usually appears in September-October, and is completely gone by April-May.

Importantly, Farr's Law has nothing to do with human interventions and predates public health organizations. It occurs because communicable diseases nab the "low-hanging fruit" first (in this case the elderly with comorbid conditions) but then find the fruit harder and harder to reach.

Therefore, coronavirus will, and indeed *is* following Farr's Law, too. But rest assured, wherever it does health authorities will take credit instead of saying the disease followed its natural course.

In China, where the disease hit first and hardest, the epidemic apparently peaked more than a month ago at 5,000 cases in one day, but now almost no new cases are being reported. In South Korea, its epidemic appears to have peaked a week ago. Whether public health measures had any impact, we don't yet know. But as these countries have gone, so must the epidemic worldwide.

Serious and Critical Cases Decline

Yes, identified cases are still going up (albeit at a slower rate than before, per Farr's Law), but that may just be an artifact. Indeed, it's possible the epidemic is coming close to a worldwide plateau – in real terms, at least. The hint is in the category of “serious and critical cases.” It peaked in late February, with a steady decline to less than half that number. This in and of itself good news, of course. But why?

Certainly part of it is that progressively more cases are in countries with good health care as opposed to China's. But more intriguing is that without a doubt part of the increase in “cases” now is actually *reported* cases.

Early on there was no test at all and even now there is a shortage of test kits, including in the U.S. Thank the hysteria for that, as well as the toilet paper shortage. But as kits become more available more people get tested and *ipso facto* more will be found positive. That is, they will have antibodies to the virus. Many will have already shrugged off the disease without even knowing it. But they will be labeled “new cases” nonetheless.

Still, these increased diagnoses have little impact on the category of serious and critical cases, which just keep declining

The decline will probably be aided by the onset of spring in the northern hemisphere. For a variety of reasons, respiratory viruses usually hate warm, moist weather, and more than one analysis has found “High Temperature and High Humidity Reduce the Transmission of COVID-19.”

Yet so far little of this information has had any impact – in no small part because you're probably reading it here first.

Economic Costs of Panic

Thus, individuals, companies, and governments continue to act like the horses that run into the flame during a barn fire. The OECD predicts global GDP growth could plummet this year to as little as 1.5%, almost half the 2.9% rate it had earlier forecast. Hysteria begets hysteria, and while it too probably has a Farr's Law, we don't know when it will peak or how vast the damage before it does.

Given the demand to do something, *anything*, that's what we're seeing. Most efforts are merely talismanic or self-serving. In countries that already have internal transmission, banning foreigners does no good.

My gym chain has gone from 24 hours to closing at 8. So let's see, will packing more people in during less time be conducive to "social distancing" – or just save money? Likewise for the malls near me closing earlier.

Personally, I'm going to start selling rabbits' feet on eBay, with a free surgical mask for the first 1,000 buyers. And if this keeps up we're going to have to start identifying and burning the witches that brought this plague upon us.

Meanwhile, you hear about the large businesses impacted, but small business are being wiped out. Which in turn impacts large businesses and wipes out other smaller ones. And while your odds of contracting the virus are slim, the Washington Post, so instrumental in spreading fear, can now report: "American Life Is Shutting Down Due to Coronavirus ..."

Well, take a bow!

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