**Dump Trump: Why Conservatives Should Punt On Nov. 3rd**

***Part 3. THE COVID-LOCKDOWN DISASTER:***

***WHY THE BUCK STOPS WITH TRUMP***

***[ This is the third in a five part series from David Stockman’s Contra Corner. Or that’s what I’m told. To read more than what’s been posted publically, subscribe to Contra Corner at :*** [***https://www.davidstockmanscontracorner.com/***](https://www.davidstockmanscontracorner.com/) ***]***

**October 15, 2020** --- The Covid-Lockdown instigated plunge of the US economy during Q2 is not a valid excuse for the economic mess now at hand.

In fact, the Donald’s mis-handling of the Covid pandemic was so colossal and fatal that it alone disqualifies him for a second term. In launching the quarantines and stay at home orders last March and empowering a rogue task force of government doctors, career apparatchiks and power-seeking swamp creatures to trample upon the people’s livelihoods and liberties, Donald Trump committed one of the most fatal errors of any modern president.

Nor can he be let off the hook on the grounds that he got bad advice. To the contrary, even before getting to the science and epidemiology that presented itself during those fateful weeks of late February and March 2020, an actual conservative or even Republican president would have stoutly resisted the overnight lurch into the inherently unconstitutional and destructive regime of economic marshal law that enveloped the nation within days.

Moreover, at the time and since then there were never any medical facts or “science” that warranted what amounted to the most vicious assault on the domestic economy ever carried out by the agencies of government. That is, the Donald coveted the power and glory of the big job in the Oval Office, and in the hour of decision he broke the American economy like never before.

Now he owns it.

In that context, Trump’s retroactive claim that he shut-down the Greatest Economy Ever to save the lives of ***2.2 million***Americans is unadulterated hogwash. That number has no basis in reality whatsoever, and is actually the ballyhooed Imperial College projection of mid-March by the disgraced and discredited Bill Gates operative, Neil Ferguson of London’s Imperial College.

These projections were ridiculous from the get-go. For one thing, they implied a US mortality rate of***672*** per 100,000 in the absence of severe mitigation measures.

Now, the total US mortality rate from all causes is just***840*** per 100,000 annually. So even a certifiable ADD sufferer like the Donald should have been alert enough to ask: Really?

Was a super-flu virus actually going to cause an***80%*** increase in the normal total mortality rate from all the dreaded diseases encompassing heart, cancer, respiratory, stroke, renal and all the lesser death-causing maladies including accidents, homicides, drug overdoses and suicides?

In particular, he might have also had the good sense to ask about Dr. Ferguson’s track record in predicting what amounted to numerous Black Death style plagues. That, of course, would have quickly demonstrated the man is one of the world’s great Chicken Little quacks.

Indeed, Ferguson’s track record is so laughable that it needs be recited at length. After all, this projection is the ***one and only threadbare basis*** for the Donald’s now incessantly repeated claims about how he reluctantly disappeared his Greatest Ever Economy in order to save 2.2 million lives.

* ***Bird Flu.*** In 2005, Ferguson said that up to ***200 million***people could be killed from bird flu. He told the *Guardian* that “around 40 million people died in 1918 during the Spanish flu outbreak……there are six times more people on the planet now, so you could scale it up to around 200 million people probably.” In the end, only ***282***people died worldwide from the disease between 2003 and 2009
* ***Swine Flu***. In 2009, Ferguson and his Imperial team predicted that swine flu had a case fatality rate (CFR) of***0.3% to 1.5%.*** Based on that the government estimated under a “reasonable worst-case scenario” that the disease would lead to***65,000*** UK deaths. In the end swine flu killed ***457***people in the UK and had a death rate among those infected that was 12-60X lower than Ferguson’s CFRs.
* ***Foot and Mouth Disease.*** In 2001 the Imperial team produced modelling on foot and mouth disease that suggested that animals in neighboring farms should be culled, even if there was no evidence of infection. This led to the slaughter of more than six million cattle, sheep and pigs – with a cost to the UK economy estimated at £10 billion. The predicted foot and mouth disease breakout never happened.
* ***Mad Cow Disease***. In 2002, Ferguson predicted that up to***50,000*** people would likely die from exposure to BSE (mad cow disease) in beef. He also predicted that number could rise to ***150,000*** if there was a sheep epidemic as well. In the UK, there have only been**177**deaths from BSE.

Needless to say, these cockamamie projections should have raised the cockles of any friend of “science”, to say nothing of personal liberty and capitalist prosperity. To the contrary, however, the folly of Lockdown Nation happened because the Donald was asleep at the switch and too lazy and intellectually slothful to dig into the materials when the Covid threat first arose.

***The Donald’s Camarilla Of Malpracticing Doctors***

Accordingly, Trump defaulted to a camarilla of careerist government doctors and apparatchiks—Fauci, Birx, Redfield (CDC), Hahn (FDA), Collins (NIH) and Adams (Surgeon Genera), among others. With the Donald’s blessing and bolstered by his own ballyhooed nightly starring appearances on the Coronavirus Task Force Reality TV show during March, Trump’s malpracticing doctors quickly fostered the public hysteria and draconian CDC “guidelines”, which, in turn, unleashed the Blue State governors and mayors to monkey-hammer daily economic life.

But when all is said and done, the Donald was the decider and enabler of America’s version of the Doctors’ Plot. If he had possessed a decent regard for constitutional liberty, economic sanity and the actual medical facts of the matter, he would have sent these power-hungry doctors packing and replaced them with prudent professionals who understood that the jobs, livelihoods and business enterprises of American citizens do not belong to government bureaucrats to snuff-out at will in the name of the greater good, far fetched or otherwise.

If anything, the proper role of the Federal government was to help educate the public as to who is vulnerable, how they should avoid exposure to the virus and what type of prophylactics, treatments and therapies are best suited to help those whose immune systems are not strong enough to defeat the Covid in the normal manner.

That is, the job of government was to spread useful public health information, not regimentation orders and public panic. At the same time, it also needed to get out of the way of private medical practitioners who concluded that experimental therapeutics like HCQ-zinc, convalescent plasma and numerous development drugs like Regeneron’s synthetic antibodies were likely to help their patients at medically acceptable levels of risk, as the latter did during the Donald’s own brief brush with the Covid.

But most surely, the assumption that government powers should be broadly and intrusively mobilized and the people subjected to de facto house arrest in order to stop the spread of a moderately severe influenza-like contagion was beyond the pale.

**The Covid Was Never An Existential Threat**

Any half-way attentive and honestly conservative politician would have known that; would have insisted upon overwhelming proof that the Covid presented a unique, existential threat to society and a Black Death like mortal danger to one and all—young, old and in-between, and the healthy and the already sick alike.

Of course, no such proof would have been forthcoming in mid-March and thereafter when the Donald took a powder and let his Coronavirus Task Force run rampant and terrorize the public.

To the contrary, by then it was already known from the China and Italian breakouts that the Covid had dire effects almost entirely on the elderly and co-morbid. For instance, Italian health authorities themselves had already conceded that 97% of Covid deaths were mainly among patients over 65 who were already suffering from one or more life-threatening conditions.

Of course, that’s exactly what has transpired in the US and elsewhere around the world. There was never a case for general quarantines and lockdowns.

So at the end of the day, the fact that this happened anyway means only one thing: ***The buck stops with the Donald.***

In the following sections, we summarize the overwhelming facts which prove Donald Trump’s culpability, and that he is first and foremostly responsible for the greatest setback to conservative government since FDR’s malefic attacks on the Constitution and free market capitalism during the 1930s.

In the great scheme of history, Lockdown Nation was a capital crime against conservative governance. You don’t get a second chance upon committing it.

**The Covid Facts Which Contradict The Lockdowns**

Ironically, in this case the Donald’s normal impetuous, bully-boy routine on Twitter would have been more than enough to queer the Doctors’ Plot within his own administration at the time of his crucial mid-March moment of capitulation.

It would have also given cover early on for dissenting experts like Dr. John Iaonnidis and Dr. Scott Atlas of Stanford and Dr. Harvey Risch of Yale to help shape the narrative. And it would have also meant that the intrepid trio of Dr. Kulldorff (Harvard Medical School), Dr. Gupta (Oxford) and Dr. Bhattacharya (Stanford), who recently authored the powerful dissent embodied in the Great Barrington Declaration, among countless more, would have had a far better opportunity to accurately inform the public about the true nature of the Covid and the viability of treatment therapies not yet approved by Big Pharma’s servitors at the FDA.

As it happened, however, the Donald gave policy sanction and political cover to what quickly became a marauding Virus Patrol, and it was off to the races from there. The Covid became the gift that couldn’t stop giving for the Dem/MSM/Deep State “resistance”, supplying them with a fresh indictment after the RussiaGate, Mueller probe, UkraineGate and Impeachment hoaxes had all come a cropper.

Still, for want of doubt, consider the outcomes under three widely variant disease mitigation regimes, especially with respect to the intensity and extensiveness of so-called nonpharmaceutical control measures. We are speaking here of Sweden and the states of Arizona and Illinois.

As is now generally known, Sweden eschewed lockdowns and general quarantines entirely; Arizona implemented mild Red State type precautions, but mainly left control measures to the discretion of local counties and cities; and Illinois went the full monte Blue State lockdown route, with the power-crazed governor, JB Pritzker, at one point going so far as to forbid more than two people–even from the same family—to get in the same row boat.

As of October 10th, here is the WITH-Covid mortality rate for each of the three jurisdictions with their widely variant control strategies:

***With-Covid Mortality Rate:***

* Sweden: 58 per 100,000;
* Arizona: 79 per 100,000;
* Illinois: 73 per 100,000.

These outcome differences are essentially immaterial rounding errors. And that’s not the half of it.

It should have been evident from the start that the heavy duty lockdown and quarantine measures, under which schools, gyms, restaurants, bars, movies, malls, sports arenas etc. were closed by state order, would mainly come down on the young and working age population. Older folk don’t frequent these venues–or don’t really need to— at a fraction of the rate maintained by the under 65 population.

Yet what was true from the get-go–in China and Italy—has been the case for Sweden, Arizona and Illinois ever since. To wit, mortality rates have ***virtually nothing to do with the control regime*** and everything to do with age and the implicit co-morbidity, which is largely a function of advancing years

When it comes to the school age population (19 years and under), for example, there never has been a serious risk of severe illness or death, and the data for these jurisdictions through the end of August proves it. In all three cases, the death rate per 100,000 is a hair line rounding error and well below the day-in-day-out risk of death by auto accident, drowning, poisoning and other fatal mishaps among this age cohort.

In fact, the Swedish primary schools were never closed and the malls, bars, restaurants, gyms and other venues of social congregation remained open. Yet its mortality rate for the school age cohort was well lower than that for Arizona and Illinois—although none of them obviously warranted government imposed closures.

Among Sweden’s school age population of 2.2 million persons under age 20, there was but a ***single (1)***WITH-Covid death reported.

***Mortality Rate for School Age Population***

***19 Years and Under (thru August):***

* Sweden: 0.04 per 100,000;
* Arizona: 0.60 per 100,000;
* Illinois: 0.20 per 100,000.

Likewise, the mortality rates for the 20-44 years old working population was also low in all cases, but here no-control Sweden really stands out. Per the data below, its rate was only 10-20% of that for Illinois and Arizona.

Needless to say, rational people do not close down economies and cancel personal liberties to prevent risk of death at these low orders of magnitude.

Actually, for the 20-44 age group the normal mortality rate from all causes is ***200*** per 100,000 annually and within that total, the death rate for auto accidents, falls, drownings, poisonings etc. alone is more than ***40*** per 100,000. Accordingly, the day-in-and-day-out risk from life’s normal hazards was actually three-to-six times greater than the WITH-Covid risk reported for Arizona and Illinois, respectively.

**The Donald’s Culpability**

So the question recurs: Did the Donald bother to learn anything about these facts? If he did, he’s guilty of gross negligence; and if he didn’t, he is even more culpable.

That is to say, you don’t get to launch the most destructive government assault ever on the private economy and then claim you saved millions of lives based on entirely bogus projections that are belied by the facts at every turn.

Recall that the Neil Ferguson projection, which the Donald has now taken to repeatedly citing, implied a mortality rate of***672*** per 100,000 by mid-June. But as is evident below (end of August figures), without any disruptive mitigating steps at all in Sweden, the mortality rate was just***1.5***per 100,000 for the very working age population that these non-pharmaceutical interventions were supposed to protect!

Moreover, the mortality rates for the core working age population were only slightly higher in Lockdown-Light Arizona and Lockdown-Heavy Illinois.

**Mortality Rate for Working Age Population, 20-44 Years**

* Sweden: 1.5 per 100,000;
* Arizona: 12.1 per 100,000;
* Illinois: 7.0 per 100,000.

Moreover, the story remains the same as you move up the age spectrum. For the middle-age population 45-54 years old, the respective WITH-Covid mortality rates were less than one-tenth of the normal mortality rate from all causes for this age cohort.

And while all of these rates are very low and do not remotely justify lockdowns and quarantines, the fact remains that notwithstanding all of governor Pritzker’s heavy-handed assaults on normal economic life in his state, the Illinois mortality rate for this age cohorts was ***3X*** greater than in no-lockdown Sweden.

**Mortality Rate For Middle Age Population, 45-54 Years**

* Sweden:***8.1*** per 100,000;
* Arizona:***39.7*** per 100,000;
* Illinois:***27.0*** per 100,000.

Similarly, for the near-retired population age 55-64, the mortality rates were not remotely in the scary ball-bark embodied in the Imperial College projections. So the Donald may well just keep repeating his ludicrous 2.2 million deaths prevented excuse, but it doesn’t have a leg to stand on.

**Mortality Rate For Near-Retired Population Age 55-64 Years**

* Sweden: 23.2 per 100,000;
* Arizona: 86.0 per 100,000;
* Illinois: 64.9 per 100,000.

The fact is, regardless of the mitigation regime, the overwhelming share of deaths have been among the elderly, and even within the over 65 years age cohort, the preponderant share of fatalities have been among already sick populations, often suffering from multiple co-morbidities.

In the case of the three jurisdictions at hand, the share of WITH-Covid deaths among those 65 years and older as of the end of August was 93%, 71% and 77%, respectively, for Sweden, Arizona and Illinois. And more than 50% of these in all three jurisdictions were among patients in nursing homes and other long-term care facilities.

Again, the question recurs. What did shutting down the gyms and malls have to do with the the fundamentally higher WITH-Covid mortality data shown below for the elderly population (65 years +)—a population which was already suffering from a high incidence of life-threatening conditions?

**Covid-Mortality Rates For Population 65 Years and older:**

* Sweden: 264 per 100,000;
* Arizona: 271 per 100,000;
* Illinois: 350 per 100,000.

As it happened, where Sweden failed was in the protection and isolation of its elderly institutionalized population, which the country’s version of socialist nirvana had grouped into very large institutional care homes. That practice was very different from most of its Scandinavian neighbors like Denmark and Norway, which generally rely on much smaller facilities or home care and which had far lower mortality rates among the elderly.

Yet contrary to the Virus Patrol propaganda, it was this large difference among the elderly that accounted for almost the entirely of overall mortality rate differentials among these Nordic countries.

At the same time, despite all his economic marshal law, Governor Pritzker ended up with the worst results of all three jurisdictions when it came to protecting the age and infirm—with a mortality rate ***33%*** ***higher***for the 65 years and older cohort than was the case in Sweden,

What he did accomplish, of course, was a swell job of flattening the everyday economy of Illinois, thereby turning what was already a fiscal basket case into a well nigh irreversible disaster.

**America’s Six Nations Of Covid**

Self-evidently, we are in the midst of a full on public hysteria that has empowered the statist proclivities of present-day American politicians—impulses always lurking just below the surface—to erupt in a brutal attack on the economy, personal liberty and the very notion of government via constitutional due process. In that regard, the can-do, bully-boy wanna-be national CEO in the Oval Office was no exception to the rule.

The malign predicate that the Donald missed entirely (perhaps until his own apparently epiphanous experience), of course, is that the Covid presents a Black Death level threat to life and limb, and therefore that both economic function and personal liberty need be suspended to protect society from an alleged once-in-a-hundred-years existential threat.

Except the whole predicate is a vast exaggeration—even a Big Lie. The Covid is a serious health threat to 5% of the population and a flu-like nuisance to the rest. Accordingly, the overwhelming facts of its wildly differential incidence among age and health status cohorts—as hinted at above— debunks the one-size-fits-all Lockdown Nation strategy on its face.

In this regard, the CDC’s own age-cohort mortality data are dispositive and for want of doubt bear further detailed amplification. You simply don’t get to enjoy the adulation of domicile in the Oval Office while embracing/sanctioning/tolerating policies and advisors that are drastically at odds with the overwhelming facts and science.

The mortality rates through October 10 for what we have termed the ***Six Nations of Covid***are reported below, but here’s the spoiler alert: The risk of death for members of Great-Grandparents Nation (85 years+) is***8,700 times higher*** than for those of School Kids Nation (0-14 years).

In fact, the “School Kids Nation” actually totals 60.9 million persons, but to date there have been just***74***WITH-Covid deaths reported by the CDC. That’s just***0.036%*** of the national total and represents an infinitesimal mortality rate of ***0.11*** per 100,000.

By contrast, among the 6.54 million souls who constitute Great-Grandparents Nation, there have been ***62,357***WITH-Covid deaths or ***31%*** of the national total. That’s a rate of ***959*** per 100,000 and, hence, the***8,700X*** greater risk.

You don’t get ratio differentials like that by accident or from the wrong sub-sample or time period. This 8,700X differential has been essentially invariant since the CDC began publishing the Covid-counts in early February because it reflects the single most important fact about the Covid.

Namely, that the coronavirus is no match for the human immune system in most cases. The former has more than enough capacity and resilience to defeat the virus after a brief period of either asymptomatic infection or mild home-cured illness.

But that winning immune system capacity diminishes steadily with age or when compromised by life-threatening co-morbidities including heart, vascular, respiratory, renal and diabetic illnesses, especially.

Nevertheless, America’s schools–institutions meant for the education and social nurturing of young people—are being taken hostage by the Virus Patrol.

Indeed, on the Donald’s watch, and under the encouragement of his own top top health official, the schools have been turned into Orwellian decontamination wards, ostensibly for the benefit of what we have called Grandparents Nation and Great Grandparents Nation.

After all, it can’t possibly be to protect the health of the school kids themselves. According to the CDC there were ***60,885,979***persons in the School Age Nation (0-14 years) when the virus hit in February and ***60,885,905*** have survived as of October 10.

That’s a ***99.999878%***survival rate!

What it means is that the Virus Patrol is truly nuts. Or, as is actually the case, that Trump’s officials and the state and local counterparts they have empowered have presumed to reduce the School Age Nation and their normal environs to a massive Clean Room in order to destroy the coronavirus. Apparently, the education and well-being of the children be damned.

Yes, the Donald has rhetorically stood up for the schools, but that doesn’t remotely meet the test of where Harry Truman famously said that the buck actually stops. Trump’s entire Coronavirus Task Force was populated with lockdowners and school closers, yet as of this writing we are not aware that he has fired a single one of them.

**Closing Schools To Protect Teachers And Parents**

**Was Risible Nonsense**

Still, even the Virus Patrol is not quite so bold as to admit they mean to turn schools into coronavirus decontamination wards. So they pretend that it’s also the health and life of teachers and parents that are being protected by these kinds of Orwellian means.

As to the teachers, the facts speak for themselves. There are approximately 4.0 million primary and secondary school teachers in the nation, including public schools, charter schools and private schools. Fully half of those are under the age of 40 years, and***81%*** belong to what we have called the Core Working Age Nation (25-54 years).

The latter figure encompasses***3.21 million teachers.*** Their risk of death from the Covid by the CDC’s own count, therefore, is just***12.9***per 100,000 on average.

Of course, the MSM coverage has been rife with teachers and their union leaders seconding the demands of the Virus Patrol, while grandstanding about taking out “life insurance” policies if they are forced to go back to the classroom as part of collecting their salaries.

But if the ***12*.9** per 100,000 death risk is their real worry, then they should already have tons of life insurance. The overwhelming bulk of teachers drive their autos to the school parking lot and back each day, but in the typical year 18,000 members of the Core Working Age Nation are killed in auto accidents.

That’s a risk of***14.1*** per 100,000 or well more than the risk of death from the Covid.

Likewise with the parents. There are***63.8 million***parents in the US with children under the age of 18. But as might be expected, 30% of them are under the age of 34 years, 70% are under 44 years of age and 94% are under 55, meaning that the overwhelming bulk of parents are either members of what we have termed the Socializing Nation or the Core Working Age Nation.

Needless to say, their risks of death from the Covid—even if brought home by their children, which is totally unlikely—is almost negligible.

**Number of parents, (% of all Parents) and WITH-Covid Mortality Rate Per Age Cohort:**

* < 25 years: 2.4 million parents (4%) and ***0.87*** per 100,000;
* 25-34 years: 17.0 million parents (27%) and ***3.5***per 100,000;
* 35-44 years: 25.4 million parents (40%) and ***9.9*** per 100,000;
* 45-54 years: 15.2 million parents (23%) and ***26.5*** per 100,000;
* Over 54 years: 3.9 million parents (6%) and ***61.2*** per 100,000.

So the idea that school kids are a mortal threat to their parents is damn nonsense. It’s actually just another twist flowing from the predicate that the virus can be extinguished by social regimentation, and that any part of the population can be drafted by the state in pursuit of that end.

Stated differently,***nearly 64 million parents*** of school age children are being put in the coronavirus decontamination ward, as well.

For want of doubt, the point that the Virus Patrol is not really closing or badly hobbling the schools for the protection of the parents, as advertised, can be readily illustrated by comparison to other presumably preventable risks of death among this age cohort.

For example, here are the risks that the largest group of parents—the 25.4 million or 40% in the 35-44 years cohort—already face. The risk of death WITH-Covid at***9.9***per 100,000 is well below that for poisonings, suicides and auto accidents, and only a trivial level higher than for homicides, other accidents, alcohol abuse, drug abuse and drownings.

And that, of course, is to say nothing of actual medical afflictions such as cancers, where the mortality rate for this cohort is***17.3***per 100,000; heart and vascular diseases is***14.4*** per 100,000; and kidney, endocrine and diabetes diseases, where the mortality rate is***11.4***per 100,000.

The overall mortality rate from all causes, in fact, for the 35-44 years cohort is nearly ***200***per 100,000, meaning that the risk of death WITH-Covid amounts to just***5%***of the already very low, normal mortality risk for the largest cohort of parents in the US.

**Annual Mortalities/ Rate per 100,000**

**for the 35-44 Years Cohort:**

* Poisonings: 15,032/***36.8;***
* Suicides: 7,335/17.9;
* Auto accidents: 5,337/13.1;
* Homicides: 3,351/8.2;
* ***WITH-Covid: 4,119/9.9;***
* Other accidents: 1,652/4.0;
* Alcohol abuse: 995/2.4;;
* Drug abuse: 620/1.5;
* Drownings: 400/***1.0***

So, self-evidently, the Virus Patrol is blatantly and egregiously demagoguing the risk to parents in order to camouflage the real purpose of school closures or what amounts to de facto lockdowns. Namely, to make America’s 64 million parents involuntary foot soldiers in their crusade to extinguish an up-welling of nature of the type that has been with the human population for aeons, and which cannot be extinguished by even extreme social regimentation and quarantine.

What is really at loose here is an irrational quest by newly empowered politicians and state apparatchiks to impose marshal law at any economic, social and health cost in a vain effort to extinguish the coronavirus. And it was the Donald who unleashed this pestilence on American democracy for the first time in its history.

The truth, however, is that which is blatantly clear about the “School Kids Nation” is also true with respect to the 42.9 million young people (age 15-24) who comprise the “Socializing Nation”. The Virus Patrol’s social regimentation policies cannot possibly be for their own protection either— since as of October 10, the CDC data show only ***374*** deaths WITH-Covid among this entire age cohort.

That computes to a mortality rate of just***0.88*** per 100,000, which is barely distinguishable from the normal mortality rate for this age cohort of***0.45*** per 100,000 due to influenza and pneumonia, which occurs year after year; and it’s also just a tiny fraction (1.2%) of the annual mortality rate from all causes for this age group.

That latter total mortality rate for Socializing Nation amounts to ***74.0***per 100,000, according to the CDC. Yet serious medical conditions including heart, lung, vascular, renal, diabetes and all forms of cancer account for just ***5.0***per 100,000 for this mostly healthy age group

What that means, therefore, is that Socializing Nation is confronted day-in-and-day-out by the vast balance ***(69*** per 100,000) of notionally preventable causes of death, which vastly exceed the risk presented by the Covid.

**Mortality rates per 100,000 for**

**Socializing Nation (Age 15-24 Years):**

* Auto accidents: 15.7;
* Suicides: 14.5;
* Poisonings: 11.6;
* Homicides: 11.3;
* Other accidents/drownings: 3.3;
* ***WITH-Covid: 0.88***

In other words, there is no rational risk assessment whatsoever when it comes to closing beaches, bars, gyms, concerts, sporting events and other social gatherings, where the denizens of Socializing Nation are among the leading participants.

Of course, the Virus Patrol attempts to confuse the matter by focusing on the number of “cases” within this cohort. For example, in the state of Illinois, which is typical, reported cases for persons in a similar age cohort (20-29 years) recently computed to***2,142*** per 100,000. That’s actually somewhat higher than the nationwide average for all ages of ***2,400*** per 100,000 embedded in the ballyhooed 7.8 million cases reported to date (October 15) among the entire US population of 328 million.

But here’s the thing. Members of the Socializing Nation absolutely do not get seriously ill or die from the Covid at a meaningful rate, even as they get infected at a rate higher than the general population. In the case of Illinois, there had been just ***29***WITH-Covid deaths among the 20-29 years cohort, which amounts to a mortality rate of just***1.7*** per 100,000 and only ***0.08%***of the infected population.

Moreover, it has been demonstrated repeatedly that 40 percent or more of the infected population remains asymptomatic among all age groups, and that this ratio is far higher among the young people, who generally have healthier immune systems which nip the virus in the bud. Even with testing in high gear in most places around the US, however, the least likely to get tested are asymptomatic young people.

In short, the true IFR (infection fatality ratio) for the 43 million members of the Socializing Nation is probable well less than***0.03%*** or a sheer rounding error in the scheme of things.

What that suggests, of course, is that allowing young people to congregate as normal, contract the Covid and thereby hasten the arrival of herd immunity is hands-down more rational than the one-size fits all lockdowns, quarantines and social regimentation policies that emanated from the Trump White House.

Then again, the underlying truth was pretty transparent all along. Once unleashed by the Donald, the modus operandi of the Virus Patrol was to take large blocks of the population hostage to the task of suppressing the contagion, while trampling upon individual rights and liberties and common sense, too.

Needless to say, hostage-taking has developed its own dangerous head of steam, owing to the fact that the White House Task Force enabled governors, mayors, town councils and local health bureaucrats to pile on to the cause of stomping out the coronavirus with reckless abandon. And in a veritable flash of time, they became accustomed to wielding what are ordinarily unimaginable amounts of arbitrary power.

That was dangerously wrong. The rising mortality curve by age cohort summarized below indicates that there has been no material mortality threat to 70% of the US population, which we have designated as the School Kids Nation, the Socializing Nation and the Core Working Age Nation.

As disagreeable as these matters might be, when it comes to mortality, the risk of death from an auto accident is ***18X greater*** among members of the Socializing Nation than of dying from Covid-19.

Yet we do not prohibit young people from driving, nor do we require all cars—regardless of the age of the driver—to limit speeds to 5 MPH owing to the elevated proclivities for unsafe driving among young people.

Likewise, the WITH-Covid mortality rate for the 129 million members of the Core Working Age Nation (age 25-54) is just ***12.9*** per 100,000, but, again, perspective is essential.

According to the CDC, there are about 65,000 deaths due to poisonings each year in the US, and fully***46,300***are among the Core Working Age Nation. That’s a mortality rate of ***36*** per 100,000 or a***three times***higher rate than for deaths WITH-Covid in this population cohort to date.

In short, it is said that you can drown in a river that averages two feet deep if you stumble into a deep eddy current. And that’s the problem here.

The total WITH-Covid mortality rate for the entire US as of October 10 was ***61.8***per 100,000. But as is evident from the constituent figures for the Six Nations of Covid listed below, that average number tells you exactly nothing about the incidence and severity of the disease by age and health status; and, more importantly, provides no justification whatsoever for one-size-fits-all Lockdown Nation.

**Six Nations Of Covid: The WITH-Covid Mortality**

**Rate per 100,000 as of October 10, 2020:**

* School Age Nation (60.9 million age 0-14):***0.11;***
* Socializing Nation (43.0 million age 15-24):***0.87***;
* Core Working Age Nation (128.6 million age 25-54):***12.9;***
* Near Retirement Nation (42.3 million age 55-64):***61.4***;
* Grandparents Nation (45.9 million age 65-84): ***212.9***
* Great Grandparents Nation (6.5 million 85 years+):***959.3.***

The underlying point, of course, is that***92%***of the WITH-Covid deaths to date have been among the last three categories listed above. And nearly ***80%*** have been among the Grandparents Nation and Great-Grandparents Nation, which account for just ***16%*** of the total US population.

Notwithstanding where the overwhelming share of the risk of serious illness lies, however, the brunt of Lockdown Nation policies come to bear on the other end of the age spectrum—upon the school kids, socializing and core working age cohorts, which make up ***71%*** of the population.

After eight months of this alleged plague, in fact, the combined WITH-Covid mortality rate for these 233 million citizens is just***7.3*** per 100,000. That’s barely ***2%***of the annual mortality rate from all causes for the overwhelming bulk of the U.S. population.

These numbers alone are a screaming indictment of the Donald’s stewardship. His advisors recommended, organized and sanctioned the quarantines and lockdowns, yet they were absurdly unfit for purpose from day one.

**Age-Based Hospitalization Rates Further Debunk**

**Lockdown Nation—The Arizona Example**

The death count is not the only measure of medical severity, obviously. Fortunately, many of the states publish age cohort breakouts of cases and hospitalizations, as well as deaths. Arizona is a typical example, and in light of its spotlight role in the so-called “second wave” in the Sun Belt during July, its age-based data for cases and hospitalizations is especially pertinent.

As of early August, Arizona has had 188,377 reported cases and 19,292 hospitalizations, which figures translate to***2,587***reported cases and***265***hospitalizations per 100,000 population. Accordingly, for the state’s total population (7.28 million), the hospitalization rate had been about ***10%*** of reported cases.

Not surprisingly, these total population ratios for cases and hospitalizations are another instance of the 2-foot deep river, but with a crucial twist. To wit, it appears that everybody gets infected at uniformly high incidences along the age cohort spectrum, but the degree of resulting sickness and illness severity, as measured by hospitalization rates, is dramatically different and sharply skewed to age.

Indeed, there is much logic in the case ratios shown below. The strong immune systems of the young result in lower infection (“case”) rates even when heavily exposed to the virus. At the same time, the high social mobility of 20-54 years old workers and consumers results in high exposure to the contagion, but their less resilient immune systems result in a 3X higher infection rate than for the 20 years and under group.

Finally, the 65+ elderly cohort, who are far more prone to infection than the 20-54 year working age group, actually had less than half of the positive test rate, and there was no mystery as to why: Namely, the elderly are largely out of the work force and the mall and therefore have lower rates of exposure owing to lower social mobility.

**Arizona Cases Testing Positive per 100,000:**

* <20 years: 1,220;
* 20-54 years: ***3,765;***
* 55-64 years: 2,533;
* 65 years+: ***1,740;***

By contrast, there is absolutely no doubt that severity, as measured by hospitalization rates, is a steep function of age. Thus, in Arizona the rate of hospitalizations per case (i.e. severity) among the 65+ cohort was ***8.4X higher*** that of the under 20 years cohort.

Likewise, the hospitalization rate per 100,000 for the total population (i.e. incidence of severe illness), while quite low in absolute terms for all age groups, was still***12.1X*** higher for the elderly than for those 20 years and younger.

***Percent of Arizona Cases Hospitalized and Hospitalizations per 100,000 population:***

* < 20 years:***3.7%*** of cases were hospitalized and ***45*** hospitalizations per 100,000;
* 20-54 years: 6.7% of cases were hospitalized and 255 hospitalizations per 100,000;
* 55-64-years: 15.7% of cases were hospitalized and 396 hospitalizations per 100,000;
* 65 years+:***31.2%***of cases were hospitalized and***543***hospitalizations per 100,000.

Finally, and not surprisingly, among Arizona’s seriously ill and hospitalized Covid patients the ultimate measure of case severity—mortality—was even more dramatically skewed to age. For the 65 years and older population it was***406X***higher than for the under 20-years group and nearly ***15X*** higher than that for the core working age population (20-54 years) .

**WITH-Covid Mortality Rate Per 100,000**

**For Arizona Through August 1st:**

* < 20 years:***0.6;***
* 20-54 years: 16.6;
* 55-64 years: 72.6;
* 65 years+: ***243.3***

In short, whether you use mortality rates or hospitalizations as an index of illness severity, there is not now and never have been a case for quarantines and lockdowns for the protection of the under 55 years population, which accounts for most of the work and consumption based social circulation among the US population.

The plain meaning is that it was Donald Trump’s advisors who sanctioned the real, unstated purpose of these policies: Namely, to take the younger and healthier population hostage in order to stop the spread of the virus to the the most medically vulnerable and older populations. And it was they who defied the real science by arrogantly insisting that the contagion can be eliminated when, in fact, and despite the widely variant control regimes that have been stood up all around the world, it is evident that the “novel” coronavirus does what all viruses do—spread.

Needless to say, that misbegotten strategy was impossible, dangerous, economically devastating and unnecessary. It amounted to medical prohibitionism and the pursuit of a zero tolerance standard for public life at large, when the obvious, alternative approach was targeted intervention to identify, protect, treat and support the small minority of the population which has been at serious risk.

**The Folly Of Medical Prohibitionism**

The folly of medical prohibitionism cannot be gainsaid. These rashly and capriciously imposed curtailments, which have amounted to an unprecedented blunderbuss attack on the private economy by state health and other agencies, resulted almost overnight in 60 million unemployment insurance claims and a 31% contraction of Q2 GDP. That plunge was deeper than the worst quarterly decline during the Great Depression of the early 1930s.

But as we have demonstrated, the Covid is not a deadly plague and the Covid Death Howlers have selectively used statistics to instill fear and compliance from the sheeples that is not remotely warranted by the true facts of the matter.

The great Louis-Vincent Gave of Gavekal Research blew the Covid Death Narrative wide open recently by looking at overall mortality rates among the five countries displayed in the chart below, and did so on a seasonally adjusted basis by week over the course of 2020 compared to the prior seven years.

That way, year-to-year flu season variations, intra-year timing displacements and arbitrary classifications of WITH-Covid deaths among the five countries got washed out.

That is to say, if there truly were an actual breakout of excess deaths due to the Covid beyond the normal mortality rates, which tend to be quite seasonally stable, it would be evident in the weekly totals across the year.

T*his approach is reasonable, because death, like taxes and policymakers’ responses to Covid, is one of those things that simply can’t be avoided—and governments are actually fairly competent at tracking the numbers of deaths that occur within their borders.*

*In short, total death numbers are hard to fudge. Of course, the populations of Denmark, France, Sweden Switzerland and the US are vastly different.****So to put every country on an equal footing, the data in the chart overleaf shows weekly numbers of deaths for each of these five countries indexed to 100 in 2013.***

What the Gavekal chart shows is truly stunning. The elevated seasonal inflection exhibited in the total weekly death counts during the spring of 2020 has***sharply reversed***. In the case of Switzerland, the US and Sweden–which imposed light, heavy and no lockdowns, respectively— the weekly total death rates in August and September have now plunged to***record lows***relative to the seasonal patterns since 2013.

That’s right. Statistically speaking, the Grim Reaper of Covid harvested deaths in the April-June period that would have ordinarily occurred during later months in the year. Accordingly, the most recent death counts in Switzerland, Sweden and the USA are now approaching just 70% of their 2013 seasonal peak (January), which is a level for this time of year well lower than during any of the prior seven years.

Once again, therefore, the real facts debunk the Covid Death Narrative. In the case of the USA (black line), for example, the seasonal death counts were low during January and February 2020 compared to 2015 and 2018; were sharply elevated during April-May compared to the normal seasonal pattern; and then plunged during the last two or three months well below the seasonal norm.

So what was mainly going on was intra-seasonal and definitional displacements in the total death counts, not a once in hundred year plague that mowed down a measurable share of the US population over and above the norms.

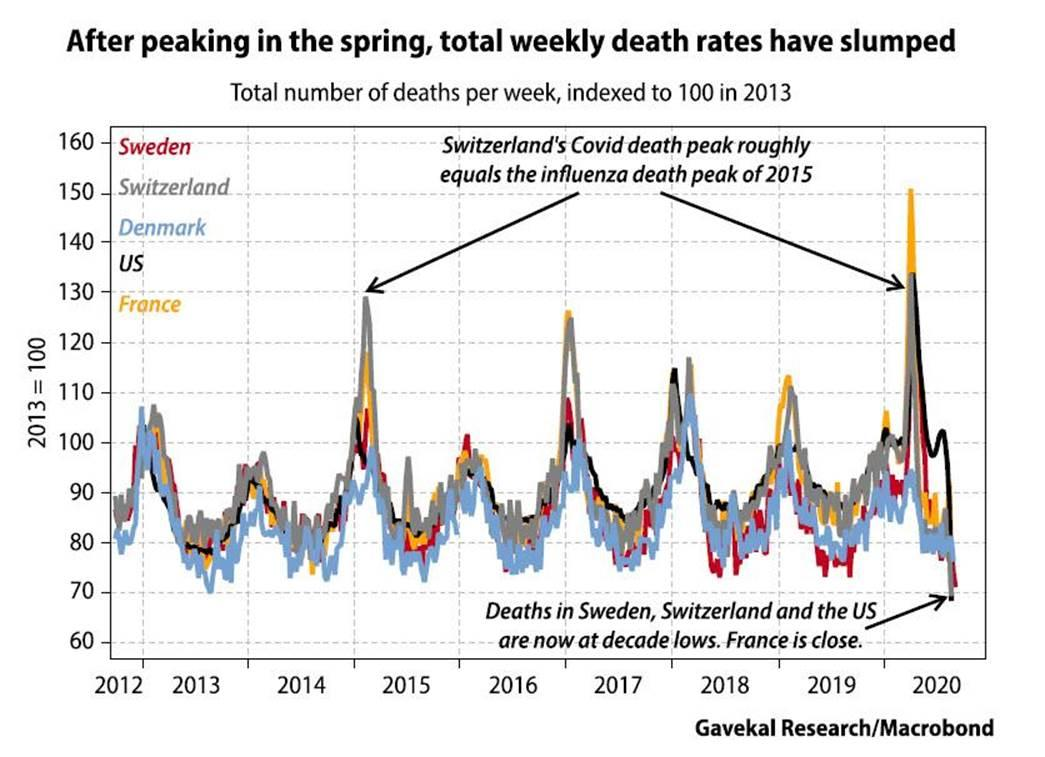
And that’s also why the cable news Chryons of Death are so misleading. They spotlight the WITH-Covid category to the exclusion of what is happening with all the others; and by counting on a cumulative YTD basis, they wipe-out the drastic swings in the seasonal mortality rates which occur year-in and year-out.

Call it context-free fear-mongering. If the full year 2020 turns out as the chart below portends, it is likely that the total US mortality rate for the year will not materially exceed the 2013-2019 averages or at least the higher years. Yet for that the Trump Administration permitted constitutional liberties and property rights to be roughly sidelined like never before and fiscal and monetary bailouts to be unleashed with reckless abandon.

To be sure, most of the US public health bureaucracy—especially in its upper ranks—at the CDC, NIH, FDA and HHS is statist by occupation, heavily Dem-leaning by political affiliation and deeply infected with the Trump Derangement Syndrome by virtue of propinquity to the Imperial City.

So they did positively, systematically and with malice aforethought curate, confect and jigger the data to support a dominate narrative designed to rid the Oval Office of an unwelcome interloper and disrupter.

Even then, however, the Donald should have been diligent and attentive enough to see through the confabulation. After all, the case for Lockdown Nation was never based on anything more than the Imperial College-style Covid Death Howling that he was originally braced with during the second week of March.



**The PCR Test Disconnect—-Progenitor Of The Covid-Hysteria**

There can be little doubt that the Donald’s malpracticing doctors have been relentless with their “test, test, test” mantra, and also that the Donald has embraced this strategy lock, stock and barrel.  Yet the shocking truth is that the standard PCR test, which has now been run more than 118 million times in the US alone, is badly suited for purpose.

And it was the ***New York Time,*** not tin foil hat central, which actually exposed the skunk in the woodpile:

*“Some of the nation’s leading public health experts are raising a new concern in the endless debate over coronavirus testing in the United States: The standard tests are diagnosing huge numbers of people who may be carrying relatively****insignificant amounts of the virus****. Most of these people are not likely to be contagious…”*

*“In three sets of testing data…compiled by officials in Massachusetts, New York and Nevada,****up to 90 percent of people testing positive carried barely any virus, a review by The Times found.”***

It means that even the grey lady’s corona-scolds have now admitted that the PCR tests are so sensitive that they pick up inconsequential tiny amounts of virus that couldn’t harm a flea. Yet given the test’s binary modality, they call these trace virus fragments and bits of dead RNA proof “positive” that the tested person has got the Covid and needs to be quarantined, traced and temporarily removed from society as a silent killer-carrier.

Stated differently, what has actually happened since March is that the almighty “test” has been ***rigged*** to generate millions of false positives—at least with respect to the common sense identification of people who are actually sick.

Needless to say, the soaring number of resultant “cases” has fueled public hysteria about an invisible disease purportedly lurking everywhere and emanating from every human orifice, whether coughing and sneezing or not.

The heart of the problem is qualitative versus quantitative test results. To wit, you need a a heavy-duty viral load to get sick with the Covid and become a threat to others, but the test regime says a mere speck will do for purposes of racking up the “case” score.

That Dr. Fauci and his camarilla of malpracticing doctors have not said a word of about this crucial matter should enure to their everlasting shame. And that the Donald didn’t think to ask about the crucial matter of load level is still another reason why he is culpable for the disaster at hand.

Functionally speaking, the PCR test is akin to a powerful, programmable magnifying glass. The test operates on cycles and each cycle amplifies genetic matter from the virus, if any, in the sample. Consequently, if someone is really sick with the Covid, they have a high viral load and it only takes a limited number of cycles to detect the virus and get a “positive” result.

But when there is nothing in the sample except tiny RNA fragments from an infection already defeated by the person’s immune system or even left-over bits from another influenza virus, it takes higher magnification via numerous additional cycles to finally trigger a positive score.

Yet as the*New York Times* story baldly admitted, the most important result of a PCR test—-they number of magnification cycles it takes to trigger a positive reading— ***is never included in the results sent to doctors and coronavirus patients***.

As this narrative-busting piece further noted,

*One solution would be to adjust the****cycle threshold****used now to decide that a patient is infected. Most tests set the limit at 40, a few at 37. This means that you are positive for the coronavirus if the test process required up to 40 cycles, or 37, to detect the virus.*

*Tests with thresholds so high may detect not just live virus but also genetic fragments, leftovers from infection that pose no particular risk — akin to finding a hair in a room long after a person has left, according to Dr. Michael Mina, a leading epidemiologist at Harvard.*

*Any test with a cycle threshold above 35 is too sensitive, agreed Juliet Morrison, a virologist at the University of California, Riverside.****“I’m shocked that people would think that 40 could represent a positive,”****she said.*

*A more reasonable cutoff would be 30 to 35, she added. Dr. Mina said he would set the figure at 30, or even less.*

So here’s the gravamen of the piece: The magnification cut-off recommended by Dr. Mina (30 cycle or less) means that the amount of genetic material in a patient’s sample would have to be ***100X to 1,000X higher***than the viral load needed under the current standard for the PCR test to return a positive result!

You truly cannot make this stuff up. It’s a veritable game-changer, yet until the August 29 NYT story not a hint of this crucial matter was to be found anywhere in the main stream press or in any of mendacious briefings of the White House Coronavirus Task Force.

Indeed, the fact that the crucial viral load metric was being deep-sixed by the current PCR testing methodologies seems to have even shocked many professionals in the field:

*“It’s just kind of mind-blowing to me that people are not recording the C.T. values from all these tests — that they’re just returning a positive or a negative,” said Angela Rasmussen, a virologist at Columbia University in New York.*

*“It would be useful information to know if somebody’s positive, whether they have a high viral load or a low viral load,” she added.*

*In Massachusetts, from 85 to 90 percent of people who tested positive in July with a cycle threshold of 40 would have been deemed negative if the threshold were 30 cycles, Dr. Mina said.****“I would say that none of those people should be contact-traced, not one,” he said.***

Of course, this explains many mysteries. For instance, in the ballyhooed June-August “second wave” outbreak in the Sun Belt states there has been a preciously small number of new hospitalizations compared to new cases.

This implied that the frenetic, amped-up rounds of new testing, which were set off when these states attempted to re-open (employers wanted workers tested before returning them to work), were turning up a lot of 40-cycle “positives” among people who were really not sick or contagious at all.

For instance, in the state of Florida during the original outbreak between March 31 and April 30, there were 27,352 new “cases” reported and this resulted in 4,972 new hospitalizations. That computed to a hospitalization rate of ***18.2%.***

When the so-called second wave breakout occurred from approximately June 20 through the end of August, the number of new tests soared from 10,625 per day in April to 42,425 per day during the latter 72 day period. In turn, this four-fold increase in the testing rate resulted in 529,674 new positive cases, but just 25,715 new hospitalizations.

The math is dispositive. During the so-called second wave, the hospitalization rate dropped from ***18.2%*** of new cases in April to just***4.8%.*** That is, a lot of people were taking precautionary PCR tests, and a lot of those tests were reporting positives only because they were being magnified-up by 35 to 40 cycles.

As of October 14, there have been 118 million tests and 7.9 million positive cases reported by the CDC on a nationwide basis. Those are huge numbers and they do fuel the impression of a raging pandemic.

But based on the *NYT* analysis of a large sample of cases from New York, Massachusetts and Nevada, upwards of 6 million of these “cases” may well have been instances of a rigged test finding stray bits of this or another virus or RNA fragment left in the residue, not evidence of a deadly pathogen running rampant through the population.

Nor is the rigged PCR test an aberration. Also, suddenly discovered in recent weeks—even by some of the mainstream press— is the fact that only ***6%***of the WITH-Covid deaths reported by the CDC are cases where Covid-19 was the only cause of death listed on the death certificate.

Yet this disclaimer has been there all along in the CDC periodic reports on deaths and co-morbidities:

*Table 3 shows the types of health conditions and contributing causes mentioned in conjunction with deaths involving coronavirus disease 2019 (COVID-19).****For 6% of the deaths, COVID-19 was the only cause****mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were****2.6 additional conditions****or causes per death.*

Needless to say, this crucial point has been downplayed by the Donald’s doctors: Namely, that most of the WITH-Covid deaths have been among the elderly or younger populations with weakened immune systems or those suffering from multiple, life-threatening co-morbidities. Likewise, it has also been virtually ignored by the Virus Patrol governors, mayors and health officials who have spread hysteria and made mincemeat of the American economy.

As it has happened, even among the tiny number of just***440***cases of WITH-Covid deaths reported for the 104 million Americans 24 years or younger, it wasn’t just the Covid that was the culprit. There was also an extensive array of co-morbidities listed on the death certificates, which remind once again that the Covid is a bully that seeks out the weak with malice aforethought.

**Number of Conditions Among The 440 WITH-Covid Deaths**

**As of October 10 Among Persons 0-24 Years**

* Lung and respiratory illnesses: 402;
* Heart/circulatory diseases: 164;
* Cancer: 32;
* Sepsis: 45;
* Diabetes: 56;
* Obesity: 103:;
* Renal failure: 23;
* Accidents: 52;
* Other co-morbidities: 341.

That’s a total of 1,173 co-morbidities or***2.67 per deceased.***

**Why The Buck Stops With The Donald**

At the end of the day, it is hard not to conclude that this entire Lockdown Nation catastrophe and Covid-Hysteria is ultimately the Donald’s fault. He has simply been too lazy, inattentive and intellectually befogged to challenge the advice he was getting from career swamp creatures like Dr. Fauci and the Scarf Lady.

But he surely should have challenged them. After all, Fauci had been on the government payroll since 1968 and Dr. Birx since the early 1980s. So that’s nearly 90 years on the public teat between them—the very definition of swamp creatures.

Moreover, that was not exactly a solid perch from which to understand how capitalism really works and why heavy-handed state intervention must always be the option of last resort and only in the face of overwhelming evidence of an existential threat to society for which there are no reasonable alternatives.

You might wonder, of course, why a politician who bellows loudly and often about Draining the Swamp didn’t recognize that his emergency order of March 13, and the destructive CDC guidelines, hysteria-generating daily Coronavirus Task Force shows and the original, deceitful 14-day lockdown to flatten-the-curve which followed, were actually the quintessential work of these very swamp creatures.

Nor did he ever ask about alternatives until it was far too late. That is, seven months into the greatest disaster of modern times,the Donald belatedly brought on board Dr. Scott Atlas, the former Stanford University Medical Center chief of neuroradiology, who would have advised him from day one that the core predicate of Dr. Fauci and his Virus Patrol was dead wrong and massively counter-productive.

As Dr. Atlas has repeatedly insisted, the spread of a viral contagion cannot be stopped by social regimentation and economic lockdowns

*“****The goal of stopping COVID-19 cases is not the appropriate goal.****….the goal is simply twofold, to protect the people who are going to have a serious problem and die, that’s the high-risk population, and to stop hospital overcrowding.  There should never be and there is no goal to stop college students from getting an infection they have no problem with.”*

That’s about as clear as you can get. The Atlas predicate would have precluded closing the schools, the malls, the airports/airlines, the bars and restaurants, the gyms, the movies and the sports arenas, which are the heart of the social congregation business of American society.

Indeed way back on ***April 22***, Dr. Atlas posted a prescient piece in the***Hill***entitled, “The Data is In—Stop the Panic and end the Total Isolation”.

In the article, Atlas reminded that the overwhelming majority of people do not have any significant risk of dying from COVID-19 and that the risk of serious illness or death is a steep function of age and underlying medical condition:

*In New York City, an epicenter of the pandemic with more than one-third of all U.S. deaths, the rate of*[*death*](https://www1.nyc.gov/site/doh/covid/covid-19-data.page#download)*for people 18 to 45 years old is****0.01****percent, or 10 per 100,000 in the population. On the other hand, people aged 75 and over have a death rate****80 times that****. For people under 18 years old, the rate of death is****zero****per 100,000.*

*Of all fatal cases in New York state, two-thirds were in patients over 70 years of age; more than 95 percent were over 50 years of age;****and about 90 percent of all fatal cases had an underlying illness.****Of 6,570 confirmed COVID-19 deaths fully investigated for underlying conditions to date, 6,520,****or 99.2%,****had an underlying illness.*

*If you do not already have an underlying chronic condition, your chances of dying are small, regardless of age. And young adults and children in normal health have almost no risk of any serious illness from COVID-19.*

Needless to say, once in possession of that crucial predicate, the last thing you do is quarantine the general population or make the young and the working age population hostage to stay-at-home-and-afraid orders in order to stop the spread of the virus in the community.

What you do, instead, is follow the balance of Dr. Atlas’s  prescription from mid-April:

* Protect and treat older, at risk populations in their current domiciles in order to prevent hospital overcrowding;
* Recognize that locking down the general population actually prevents the herd immunity necessary to defeat the virus;
* Don’t stop “nonessential” health care services to accommodate model-projected “potential” Covid-19 patients because that means people will be dying from not being treated for non-Covid illnesses or from not being diagnosed for life-threatening diseases, like cancer screening, biopsies of tumors now undiscovered and potentially deadly brain aneurysms;
* Adopt targeted measures to shield the vulnerable elderly including strict monitoring of those who interact with them in nursing homes where residents already live in confined places which have built-in mechanisms to tightly restrict entry.

Needless to say, had the Donald been listening to the likes of Dr. Atlas, the power-hungry, control-obsessed bureaucrats at the CDC, the Institute for Allergy and Infectious Diseases (IAID), the FDA and their affiliates and comrades elsewhere in the the Swamp would have been brought to heel early on. There would have been no quarantines, public hysteria and 24/7 cavalcade of cases, hospitalizations and deaths emanating from the anti-Trump MSM.

Most especially, the Donald’s malpracticing doctors would not have been in a position to provide cover for the Blue State mayors and governors to go on the social regimentation rampages that ended up causing 60 million Americans to file for unemployment benefits during the last eight months, the GDP to plunge at a 32% annualized rate in Q2 and millions of small businesses to end up high, dry and bankrupt.

So why didn’t the Donald sense that he was being mislead? Why did he passively and uncritically accept the advise of state-aggrandizing career bureaucrats like Fauci, Birx and Redfield?

The answer is of vast historic import, but it’s actually quite simple.

Donald Trump has no philosophical compass. He wouldn’t understand the principles of liberty, free markets, fiscal rectitude, sound money or minimalist government if they smacked him hard upon his orange comb-over.

Instead, he’s about the self-aggrandizement and greater glory of the Donald.

That’s it, and now tens of millions of Americans are the worse for it.