

COVID-19 & Public Health Totalitarianism:

Untoward Effects on Individuals, Institutions and Society¹

By Peter R. Breggin, MD

Introduction. Basic Scientific and Political Principles Applied to COVID-19

Public health experts and policymakers believe that they can estimate what is *scientifically required* to fight a pandemic and that their personally determined requirements override most or all other considerations. But as a physician, psychiatrist, and researcher who has spent more than fifty years writing and evaluating research studies, I can explain why public health experts and officials are vastly more limited in their scientific knowledge than they admit.

As other experts will confirm in this report,² there is no historical precedent and no scientific basis to the ever-changing pronouncements by public health officials that have driven this nation into a state of fearful lockdown. Nearly every policy and practice—from closing of schools and the stay-at-home orders to the use of various medications and respirators—is subject to varied and conflicting scientific opinion, and to an overall lack of sound data.

The opinions being expressed with such authority come from people who have, for much of their lives, held themselves out as the last final word in their fields—but that does not make their opinions scientifically sound. In fact, the very word “authority” should never be uttered in the same breath with “scientific.” There are no “scientific authorities”—there is the body of research and opinion, always conflicted, forever evolving, with innumerable individuals searching for and comparing their versions of empirical truth. The idea of “scientific authority” is a fiction created by media analysts and politicians seeking seemingly superior experts to bolster their preconceived biases and opinions.

Given the current state of their science, all that public health scientists can do is to present us with their best guesstimates at the moment about risk/benefit ratios—for example, “If the schools are closed, it may or may not make things worse, but here’s my best guesstimate.” And of course, there will always be another expert to give a starkly opposing best guesstimate.

I have purposely used the vague term “make things worse,” because that is really what is at stake when we enforce radical, untried policies on a crisis like COVID-19. Experts who favor top-down government control will try to predict something more precise, such as “Closing the schools will temporarily decrease the spread of the pandemic.” But they never then ask the most important question, “Will closing the schools make things better or worse for our children, their families, and society?” They do not try to answer that question because they cannot do it. It is too complex a question considering what it means to children to lose months of their education, to be cut off from their friends, and to miss all the social, academic, athletic and sometimes religious projects associated with school.

The experts cannot factor in the increased social withdrawal, loneliness, conflict with parents, anxiety, depression, and suicide that we are witnessing among our children. Nor can they consider the effect on parents who have to stay home to take care of the children and maybe

¹This report was requested by attorney Thomas Renz to support a new legal case in Ohio seeking to restrain coercive government measures implemented in response to COVID-19. Because of its importance, we decided to work on the case *pro bono*.

² See part II of this report.

their own parents as well. And, of course, they cannot estimate the impact on a society whose children are being changed forever. *Indeed, this writer cannot even begin to summarize all the vast, rippling effects of the current school closures, let alone make some “scientific prediction.” I can only say, along with many others, “It looks to me like its making things much, much worse, and especially so for our most vulnerable children who have disabilities, have disturbed or alcoholic parents, and who live in poverty. Those kids really miss school!”*

Typical of all behavioral sciences that try to deal with huge populations, predictions are at the least partially speculative, because they deal with human choice and conduct, infinite variables, unknown factors, and rapidly changing conditions. Add a mutating virus to the mix, and the difficulties of prediction become mind-boggling. Add the complexity of political interventions and unanticipated confounding events... perhaps their “scientific” guesses are no better than yours or mine, as so often seems to happen. But the fact is that there are insufficient epidemiological studies upon which to base any of the opinions offered.

What can we conclude from this analysis of the limits of current public health “science” in respect to managing COVID-19? The only sensible conclusion is to proceed with caution, to do as little harm as possible, and to respect the rights of our citizens.

Many public health scientists are physicians with MD degrees and many others have PhDs in public health; but each to some degree is acting in the role of treating physician for the individual members of our society, albeit huge numbers of people. Although many might not be licensed to prescribe actual medicines, especially the PhDs, the prescriptions for society that they are writing can cause adverse reactions and even public disaster that far exceed those of any prescription drug. Prescription drugs, for example, are tested for their adverse events in randomized, placebo-controlled clinical trials and the drugs invariably still end up inflicting unexpected harms when they go onto the market. Yet some turn out to be so harmful that, despite FDA-approval, they must be withdrawn from the market.

It is of course impossible to test public health prescriptions with any such accuracy, or even close to it, before inflicting them on society and on large numbers of individuals. As already emphasized, there are no rigorous scientific studies to bolster the Earth-shaking policies and practices being inflicted on America and the world. Indeed, withdrawing some policies, such as stay-at-home orders or school shutdowns, will still leave already-inflicted lasting scars on individuals, the economy, and society. Current public health scientists are like historians trying to predict the future from their impressions of the past—a very hazardous prospect at best, nor do they have the kind of thorough background in history or the academic self-restraint that we expect from historians.

Instead of controlled clinical trials, much of the science behind public health is, of necessity, based on epidemiology. One simple definition of epidemiology is that branch of medicine which deals with the incidence, distribution, and possible control of diseases and other factors relating to health. It is a broad field of study often involving thousands or millions of people and usually requires high-power statistical analyses to draw even tentative conclusions.

In my field of psychiatry, epidemiological studies are used to study such things as does a prescribed medication increase the suicide risk when used by doctors in routine practice. One study, sponsored by the drug company who owns the drug, will show that the drug *reduces* the suicide rate, even though the actual clinical trials showed it increases risk suicide. Then a more critically thinking or independent researcher will do another study and find that the drug does cause increased suicides much as it did in the clinical trials. And so on.

As a prescribing physician, I would never want to rely on an epidemiological study about serious drug harms without, first, knowing the source of the study. Science has an Achilles Heel—it is a process conducted by humans driven with varying motivations, nowadays often including wealth and power. Before trying to make an important judgement in medicine or any scientific field, we need a much broader array of knowledge than a few epidemiological studies. Our decision should be based on our own professional experience, observations made by other physicians and by patients and their families, clinical trials, clinical reports, patterns of adverse drug reporting to the FDA, data and opinions offered in the scientific literature, biological explanations for the origin of these bad drug effects, and so on. *Yet public health scientists and their officials leap ahead to make colossally high-risk decisions on the flimsiest kind of data, so much so that we have seen them changing their minds from day-to-day and week-to-week like children in a candy store.*

Public health scientists and policymakers who push for stringent restrictions are especially likely to ignore the insubstantial nature of their data and the looming possibility of being completely wrong. They persist in demanding obedience to their predictions, even after they have been proven ridiculously wrong in their earlier ones, as demonstrated in the vastly over-inflated death rates and total deaths predicted for COVID-19.

These public health scientists also commonly fail to factor in the negative impact of their policies on the overall quality of life or the economy, or the fear and panic they may engender. *They are even less likely to factor in the loss of basic human rights as embodied in the Declaration of Independence, the Constitution, and the Bill of Rights.* Instead, they act as if the American Dream is to live as long and safely as possible in conformity to their latest version of public health science.

But the American ideal has never been to maximize safety and security. Instead, the stated ideal since at least 1776 has been to protect each person's inalienable right to *pursue* life, liberty, and happiness, and that is an essentially risky affair. When given too much power and authority, scientists, and policymakers—undaunted by principles of liberty—will always trend toward authoritarianism and totalitarianism. Because of that human impulse, the Constitution cannot become *irrelevant* during a health crisis, it must become more critically *necessary* than ever. Because of this, a substantial section of this report will examine the impulse toward totalitarianism inherent in public health policy and planning.

Because they want to support the efforts of the pharmaceutical industry and the government to collaborate in testing and producing new medications and vaccines, experts and officials have been denigrating the safety and usefulness of hydroxychloroquine, a very old, very safe, and seemingly effective antiviral and anti-inflammatory treatment for COVID-19. This is an issue that will be examined thoroughly.

Most dismaying, public health experts and officials, although they prescribe for millions, seem entirely lacking in the skills of a good healthcare provider, such as a nurse, rehabilitation worker, or physician. They utterly lack the restraints of the Hippocratic Oath, "First, do no harm." They seem never to consider an equally important ethic, voluntary consent—to provide their patients with informed consent, including to fully advise them about the risks associated with their prescriptions that, in this case, can transform their lives forever. Instead, as we shall see, their colleagues openly teach them to use threats to get people to do what they are supposed to do. The public health experts and officials who prescribe for America are like physicians run amok, wholly lacking in the ethics and restraint of a good physician.

Unlike any decent healthcare provider, public health experts and officials seem utterly unconcerned about the freedom and autonomy of their clients. I live with my 94-year old mother in law, Jean Ross, who has balance and eyesight problems, uses a walker, and needs close help on even slightly irregular terrain. It is not safe for her go for walks outside without companionship and I try walk with her at least once a day. I had to give up asking her, “May I take you for a walk?” because it made her wince. She wanted to *share* a walk with me, not to be taken out like one of our three dogs. This and other lessons have made our walks together a blessing for both of us. Much as I am trying to relate to Jean, good healthcare providers walk in the shoes of their patients or, at the least, try to be respectful guides. I have yet to see respect or concern for individual autonomy expressed by public health scientists and officials when implementing COVID-19 policies that vastly undermine the personal freedom and self-determination of everyone in America and the world.

Then there is the practical matter of what *actually* works, succinctly voiced by a group of Johns Hopkins public health experts in 2006: “An overriding principle. Experience has shown that communities faced with epidemics or other adverse events respond best and with the least anxiety when the normal social functioning of the community is least disrupted.”³ *In other words, when faced with a pandemic, for best results keep the lives of individuals and communities as normal and unaffected as possible.*

Finally, what is more enduring? What is more to be relied upon? Do we base our individual lives and the survival of the nation on highly dubious and controversial predictions about the future that will always lack consensus and validity *or* do we ground ourselves in the enduring principles of liberty upon which this nation was founded?

XII. Conclusion: The Constitution and the Bill of Rights Must Supersede Public Health Totalitarianism

There is little or no scientific or genuine public health justification for the enormous crackdowns on human life taking place in America and around the world in response to COVID-19. This report examines the validity of all elements of government activity and public health policies and practices, not one of which justifies the oppressive demands being made on the citizenry.

Some experienced and well-informed experts and scientists do not even believe that distancing is required except in small, cramped quarters crowded with people and that even then three feet is a safe separation. Some believe that the masks are too dangerous to the wearer to be used outside of treatment settings. As for massive government shutdowns and stay-at-home orders, there is no historical precedent or scientific evidence to justify them. The radical idea has been recently generated by the minds of public health scientists and politicians with a strong bent to enforcing top-down government for the duration.

³Thomas V. Inglesby et al. Mitigation Measures in the Control of Pandemic Influenza. *Biosecurity and Bioterrorism*. Volume 4, Number 4, 2006. <https://www.liebertpub.com/doi/abs/10.1089/bsp.2006.4.366>. Also, <http://www.upmc-biosecurity.org/website/resources/publications/2006/2006-09-15-diseasemitigationcontrolpandemicflu.html>. See ahead for details of the publication.

As the daily updated chart on our Coronavirus Resource Center shows, the number of deaths in the US declined abruptly after its April peak and remains low.⁴ This is key: the number of *cases* go up as the virus inevitably spreads through the country, but the death rate remains fairly stable and relatively low. Few medical facilities are being overwhelmed. This is good news.

Almost every informed expert agrees that children are remarkably safe from COVID-19 and much less at risk than from the annual flu. They also agree that children are not likely to infect each other and adults, and that they should be allowed to resume school with minimal precautions. Only older or chronically ill teachers need to offer distance learning to protect their own health.

There is also agreement that any serious risk of lethality from the coronavirus is limited to older people and those with multiple comorbid disorders. The death rate escalates around age 75, in part because older people have a much higher proportion of multiple physical infirmities.

People 65 and older account for 70%-94% of all deaths, depending on the state.⁵ This means that overall death-rate estimates are mostly accounted for by deaths of people 65 and older. This indicates that most preventive efforts can and should be focused on the relatively small population of older people, especially those with preexisting illnesses.

It is difficult to get accurate, reliable statistics on the actual annual rate of death from the coronavirus, probably because it is much lower than the experts and advocates of top-down government control predicted and they do not want the public knowing how low it is. Former *New York Times* science reporter, Alex Berenson, whose work seems both independent and reliable, made an annual rate estimate of 0.26% in June, which is far below estimates from public health pundits who were predicting up to 5.0% or more.⁶ Berenson's relatively low estimate of a 0.26% annual death rate was identical to the CDC's own best estimate made in June 2020, a figure which disappointed and frustrated the mainstream pundits.⁷

On June 27, 2020, Berenson summarized:

The actual figure could be as low as 0.1 percent or as high as 0.4 to 0.5 percent, though treatment advances should mean it will trend lower over time. Even at 0.26 percent, the rate is still significantly higher than influenza most years, more comparable to a bad flu strain like the 1968 Hong Kong flu.

To this, it can be added the virus may be losing its lethality as time goes on, which is consistent with the virus's inability to maintain a stable form.

⁴ The Breggin's Coronavirus Resource Center, from Our World in Data, <https://breggin.com/coronavirus-resource-center/>

⁵ Freed, M. et al., 2020, July 24. KFF Coronavirus Stats (based on CDC data up to July 22, 2020). <https://www.kff.org/coronavirus-covid-19/issue-brief/what-share-of-people-who-have-died-of-covid-19-are-65-and-older-and-how-does-it-vary-by-state/> CDC data at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

⁶ Berenson, A., 2020, June 27, Getting realistic about the coronavirus death rate. New York Post. <https://nypost.com/2020/06/25/getting-realistic-about-the-coronavirus-death-rate/>

⁷ Richardson, I. 2020, June 5, Fact check: CDC's estimates COVID-19 death rate around 0.26%, doesn't confirm it, USA Today. <https://www.usatoday.com/story/news/factcheck/2020/06/05/fact-check-cdc-estimates-covid-19-death-rate-0-26/5269331002/>

Meanwhile, all these figures, even those from the reliable Berenson, are based largely or entirely on CDC reporting and these CDC estimates are turning out to be wildly inflated. In the last few days, the CDC reported that the coronavirus was the sole or only cause of death in a mere 6% of coronavirus deaths reported to the CDC and that 94% had an average of 2.5 other listed causes.⁸

It is beginning to look like a great proportion of deaths were actually caused by other diseases and that much of the threat from COVID-19 has been manufactured by experts, public health scientists, and government agencies. These special interest groups want to frighten Americans into conforming to drastically suppressive measures while the government subsidizes the pharmaceutical industry in its massive efforts to find a better drug than hydroxychloroquine and an elusive and perhaps unmakeable vaccine.

Although COVID-19 is a serious pandemic, it is not nearly the scourge it was made out to be and it is probably less dangerous to children and young adults than the flu, while it becomes a considerable threat to older people, especially those with comorbid disorders.

At the bidding of the pharmaceutical companies and its allies, leaders of the shutdown are using censorship, threats, and outright coercion to exclude the most safe and effective treatment, hydroxychloroquine. Researchers have literally given lethal doses of hydroxychloroquine to patients in clinical trials, in some cases killing them, to make this extremely safe drug look deadly. Meanwhile, as described in the report, the CDC has become irrational in its attempts to make COVID-19 seem much more deadly than it is, including counting obvious deaths from other causes as long as the presence of SARS-Cov-2 is suspected.

Innumerable independent scientists and physicians, those not under the thrall of the government and pharmaceutical industry, believe we are losing lives in America and elsewhere by prohibiting the use of hydroxychloroquine, especially in combination with azithromycin and zinc. President Trump recently chose a new advisor and member of the White House Coronavirus Task Force, physician Scott Atlas, who yesterday declared that “the drug hydroxychloroquine has gotten a bad rap thanks to politics, media hype, and some ‘garbage’ medical research.”⁹ He elaborated, “I sort of make the analogy that we all know objective journalism is basically dead in this country, I’m very cynical about that, and now what we’re seeing is that objective science is nearly dead. ... Hydroxychloroquine is super safe. It’s a complete myth, it’s a total distortion, to say that, oh, my God, this drug is very dangerous for people. It’s been used for 65 or 70 years, not just prophylactically for malaria, which I used it myself for that many years ago, but also used for people with things like rheumatic arthritis, autoimmune-type diseases. Very safe drug.” Dr. Atlas’ thoughts are consistent with the conclusions of this report.

⁸National Center for Health Statistics. Weekly Updates by select demographic and geographic characteristics: Provisional death counts for Coronavirus Disease 2019 (COVID-19). See the small print under “Comorbidities” near bottom of the page. https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

⁹Richardson, V. (2020, August 29). Hydroxychloroquine 'very safe,' says Dr. Scott Atlas; blasts 'garbage' medical studies. Washington Times. <https://www.washingtontimes.com/news/2020/aug/29/hydroxychloroquine-uproar-shows-objective-science/>

Our observations in this report on the probably massive overcounting of coronavirus deaths in the US has received further confirmation in the last week from Sweden's recent experience:¹⁰

Sweden's Public Health Agency said Tuesday a faulty test kit had returned some 3,700 false positive results, an error discovered by two laboratories during routine quality controls.

The agency said the PCR kits, which test for an ongoing COVID-19 infection, were made in China by the company BGI Genomics and had been distributed worldwide.

Some the most corrupt practices in the name of public health are to satisfy the ravenous appetite of the pharmaceutical industry for wealth and power. But something much more threatening is going on than pandering to big industries. COVID-19 is being used to give energy to an ancient but relentless movement in the world that is pushing harder than ever toward greater top-down government, authoritarianism, and even totalitarianism. The plan is to threaten us so horrifically with falsehoods about COVID-19 that we will continue to forsake the principles of the Declaration of Independence and especially the Constitution and the Bill of Rights.

The US Constitution and the Bill of Rights are *intended for* emergencies, not *expendable during* emergencies. We must cleave to them and enforce them with even more vigor when the population feels under assault and frightened by an enemy like COVID-19. If human societies were not plagued by perceived or real emergencies and if seemingly good people were not easily corrupted by the lust for power, there would be no need for a Bill of Rights. Individual rights are the heart of the American Experiment. By becoming lulled into bypassing the Constitution and the Bill of Rights, we risk the rapid unraveling of the American Dream and its foundation in individual liberty.

The global movement to promote topdown government can only achieve its end by trampling on individual rights. It is authoritarian and it is bordering on outright totalitarianism. In countries around the world, from democracies to dictatorships, public health policies and practices, allegedly to control COVID-19, are being used to ratchet up measures of top-down control. In the US, with compliance or outright support from the left and the right, politicians are throwing their weight behind persistently locking down America, and with it, our Republic and democracy. They are working in collaboration with giant international corporations who want to own the governments of the world and with the support of news media, network TV, universities, the Deep State bureaucracy, organized sports, and entertainment—all calling for more top-down government and less individual liberty.

The Founders created the United States of America as the first nation on Earth based on the principle of individual liberty—a principle so powerful that it would eventually help to justify a Civil War in which many volunteers personally chose to risk and to give their lives to liberate the slaves. This principle of liberty would eventually eradicate Jim Crow laws and vastly increase the opportunities for women and minorities in America. The American ideal of liberty continues to promote freedom around the world by protecting and supporting

¹⁰CCO Public Domain. Sweden uncovers 3,700 false positives from COVID-19 test kit, (2020, August 25). Medical Press. <https://medicalxpress.com/news/2020-08-sweden-uncovers-false-positives-covid-.html>

democracies. This is not to say America is perfect, but it is to confirm that our ideals are the best ever conceived and built into a nation's founding and laws.

Because human beings are so imperfect, and because larger institutions amplify those imperfections, there can be no end to the work of defending and expanding liberty. As events around the world constantly remind us, liberty is a mighty spearhead of progress, yet a fragile construct like a thin crystal held together and polished only by the devotion and determination of brave people. Liberty can be set back and shattered in the blink of an eye.

Fighting for liberty is a process requiring endless toil because it must overcome the fears and prejudices of people and the lust for power of more tyrannical ones. For the first time ever perhaps, Americans have dramatically forfeited their liberty almost overnight without a fight because it has been cloaked as a necessity of public health. This must be reversed; liberty must be recovered by reimplementing the Constitution and the Bill of rights, along with our great traditions of freedom, individuality, and independence.

There is no other nation in the world that can or will even try reverse this worldwide catastrophe—not COVID-19 but opportunistic authoritarianism and totalitarianism. With its grounding in the Constitution and Bill of Rights, and a people who love liberty, America must lead.

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