

A RATIONAL GOVERNMENT RESPONSE TO COVID-19

As COVID-19 spread, American governments locked down much of the country and waited for a vaccine, but there was always a better way to safeguard Americans.



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The masking campaign: Protecting the people or instilling fear in them? Before this pandemic, it was an article of faith in the medical profession that common masks did not slow the transmission of viral respiratory illnesses.

by Jeffrey Barrett

There are times when it is useful to compare what government authorities have done to solve a problem with what they could have done in order to determine what might have worked better, and then ask the question: “Why is there such a disparity between the two?” Such is the case with the so-called COVID-19 pandemic.

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We are constantly told to “follow the science,” so let us do just that in order to see where it takes us.

The first thing to notice is that coronaviruses have been known to science for a long time. What has been different about the virus that causes COVID-19 is the reaction of governments to this particular strain of coronavirus, a reaction not seen with governments in the past. The American government, and others, attempted to “stop the spread” of the virus by shutting down large portions of the economy, keeping people isolated in their homes, and shoveling massive amounts of money

at the pharmaceutical companies to rush to market vaccines that in the past have always taken years of testing in order to ascertain long-term safety, in addition to short-term safety and efficacy.

At the very beginning of the “pandemic,” governments — America’s included — chose to confront COVID-19 with remedies that were disruptive, expensive, and potentially unsafe, though existing research published in medical journals provided solutions that were simple, cheap, effective, and safe. Put simply, COVID-19 did not have to be a crisis for the United States or, for that matter, other Western nations, and there was never a need for millions of Americans to lose their jobs and businesses, or to hide in terror in their basements.

Take, for example, safe, cheap, and effective Vitamin D. Millions of Americans are deficient in Vitamin D (41 percent of all adults), with the problem being especially acute among elderly and dark-skinned people. Yet a study published in the *Journal of the American Medical Association* states that people with medically recommended amounts of Vitamin D in their serum have a 77-percent less chance of contracting COVID symptoms. That amount of disease reduction approaches the efficacy rate claimed by Pfizer and Moderna for their vaccines, but Vitamin D, in standard medically approved doses, has basically zero short- and long-term safety issues, which cannot be said about the vaccines. To immediately lower sickness and death rates from COVID-19, government agencies such as the FDA could have made it easy for people to test

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Vitamin regimens: At the beginning of the pandemic, Vitamin D was available for early prevention of COVID, but like other preventive measures, its use was not pushed, or even encouraged, by government.

their Vitamin D levels and, if needed, get access to the immunity-enhancing supplement itself.

In addition to this preventive therapy, the government could also have promoted adequate intake of zinc. Again, millions of Americans are deficient in zinc, yet zinc has long been known to science as an effective antiviral agent, used to ward off colds, herpes simplex, hepatitis C, and even HIV. As WebMD stated, “Researchers from Spain reporting at a European coronavirus conference found that hospitalized COVID-19 patients with low blood levels of zinc tended to fare worse than those with healthier levels.” While zinc’s exact antiviral mechanism is not known, it is thought that when it is in cells in sufficient amounts, it prevents

replication of viruses. Since zinc does not easily enter human cells, it has to be combined with an ionophore or “transporter,” such as the supplement quercetin, which is cheap, effective, safe, and easily obtainable from plants. (There are other inexpensive supplements that do the same job.) Once bonded with an ionophore, zinc enters cells and effectively keeps the SARS-coV-2 virus from developing into full-blown COVID-19.

In the fight against COVID, a concerned but cautious government could have recommended the above-mentioned supplements back in March, knowing that the risk associated with taking recommended dosages is essentially zero, and then launched a large randomized double-blind population study to increase the cer-

tainty level of the efficacy of the zinc-and-ionophore protocol.

The government also made a serious misstep with regard to hydroxychloroquine. Early in the pandemic, doctors around the world who actually were treating COVID patients found that hydroxychloroquine, when combined with an antibiotic such as azithromycin, improved their patients’ recovery in the early stages of the disease, and when combined with zinc, greatly improved those recoveries. But the government chose to focus on negative studies published in *Lancet* and *NEJM*, studies based on the same fraudulent data set, and when the two journals were forced to retract those studies, the FDA did not reinstate emergency use authorization for the hydroxychloroquine/zinc/azithromycin protocol. Later in the pandemic, doctors in some clinics found that another safe drug, ivermectin, was also highly effective in patients in both the early and more advanced stages of the disease. It was only after a great number of doctors went public at a Senate hearing and lobbied hard for use of the drug that the National Institutes of Health (NIH) changed its recommendation from “oppose” to “neutral” on its usage, and as of this writing, the FDA still has not put the drug on its “emergency use” list. The great majority of doctors are simply not willing to prescribe drugs for “off label” use without the government medical agencies giving them legal cover.

All of the above protocols have certain things in common. They were discovered early or fairly early on, they were effective, and unlike the vaccines the government was promoting, they already had a decades-long safety record when prescribed in recommended dosages.

Meanwhile, to greatly lower deaths rates from COVID-19, governments could have and should have protected those who are most vulnerable to viral infections: elderly people with comorbidities (other physical conditions that might exacerbate the illness, such as heart disease or diabetes), especially those residing in nursing and retirement homes. Governments could have immediately imposed strict testing protocols on everyone who entered those facilities, emphasizing temperature checks at the beginning of the outbreak and then adding COVID testing when it became

available. But early on, governments did the opposite. Governor Andrew Cuomo of New York and other governors actually sent known COVID-infected patients to live in nursing homes. The fact that nursing home residents make up something on the order of 40 percent of all COVID-related deaths should therefore surprise no one.

And if the overburdening of hospitals by COVID patients — the original rationale for the lockdowns — ever became a real risk, the government also could have adopted the strategy proposed by Harvard epidemiologist Michael Minor, which would have made widely available cheap, five-minute, in-home COVID tests that show actual COVID infectiousness, rather than use tests that show minute traces of non-infectious SARS-coV-2 virus, as has been the standard across the country. The rapid antigen test suggested by Minor is as easy to use as a home pregnancy test and would have alerted people with positive results to stay away from the elderly, the group most in danger from COVID. Dr. Minor contacted both the CDC and FDA to explain the public health benefits of rapid antigen tests, but they were not interested.

From the very beginning of the COVID “crisis,” government authorities could have listened to the science and promoted these cheap, safe, and effective

remedies, but they chose instead to instigate a severe government-induced recession that, as many economists and some medical people have pointed out, causes enormous carnage, such as deaths due to stress-induced heart failure, stress-related suicides, and medical problems caused by the postponement of needed examinations and surgeries for such things as cancer and heart disease. (Both cancer and heart disease cause upwards of 600,000 deaths in our country each year.)

Those lockdown-related deaths, which are projected to be far greater than the number of deaths caused from COVID itself, are compounded by the suffering caused by spiking rates of spousal abuse, child abuse, drug addiction, falling school grades, and clinical depression brought on by job losses, business failures, loneliness, and social isolation.

Also hurting Americans are the trillions of dollars newly manufactured by the Federal Reserve to temporarily alleviate some of the lockdown-induced pain and pay for vaccines, worsening America’s debt burden and threatening to create price inflation, which always affects the poor more than the wealthy.

If the government had from the beginning of COVID instituted a methodology that realistically measured the danger of

COVID, panic over the disease probably would have been nearly nonexistent. The real danger of SARS-coV-2 lies not in how many people contract the virus, but in how sick they get. During the “pandemic,” our federal government, as well as its supporters in the press, endlessly trumpeted rising infection rates as a harbinger of mortal danger, but rarely pointed out that the CDC estimates the COVID death rate of people 69 years old or younger to be between .5 and .003 percent which suggests that only the elderly should be “sheltering in place” until the country achieves herd immunity. And the true death rate is likely to be even lower than that. Hospitals are reimbursed an extra 20 percent for each reported COVID death, and the CDC, which changed normal mortality reporting standards with regard to COVID, now not only allows but actively encourages hospitals to report a patient as having died from COVID even if that patient suffered from far more serious comorbidities. As the old saying goes: “Show me the incentive, and I will show you the outcome.” At any rate, COVID-19 is in no way a killer comparable to a serious virus such as the 1918 Spanish Flu, which, by the way, did not greatly impact the country’s economy and thereby increase deaths and hardship brought on by economic distress. Furthermore, even the “official” death rate from COVID-19 is comparable to that of the Asian Flu of the late 1950s, a disease that barely registers a blip in American history from that decade.

In summary, the government could have thwarted the nationwide COVID problem by recommending a prevention, home-testing, and early stage-treatment approach. Instead, the government chose to focus on rushing to market a novel vaccine, locking down the economy, and prohibiting ordinary social interaction.

It’s logical to ask why the government did not “follow the science” but instead inflicted so much damage upon the population. One cannot be absolutely sure, but the reader can reflect upon different possibilities and decide for himself. Three possibilities frequently mentioned are government incompetence, regulatory capture, and the Great Reset. Of course, all could be factors at play to varying degrees, since they are not mutually exclusive.

1) Government incompetence — This



A teenage girl stuck indoors: Was it wise for officials to ignore the human costs of social isolation? Drug abuse, suicides, and physical abuse skyrocketed when the lockdowns were implemented.



AP Images

Waiting for people to get very ill: Hospitals generally offered only advanced-stage COVID treatment, sending home people in the first stages of the disease without treatment. By the time the hospital treated patients, for many, it was too late.

possibility needs little explication. Public servants, who almost never get fired even for egregious incompetence, do not have the same incentives as private-sector workers to provide competent service to the public.

2) Regulatory capture — This has been widely discussed by economists for decades. Government regulatory agencies easily slip into a type of partnership with the entities they are supposed to be regulating. The three major government medical agencies — the FDA, CDC, and NIH — all receive millions of dollars from pharmaceutical companies whose business models depend upon hugely expensive drugs and cures being favorably viewed by those very agencies. Every year the FDA gets nearly half its budgetary income from drug companies, and employees regularly go back and forth between “public service” jobs and “private” drug companies. Little wonder that public-sector overseers might be favorably disposed to the drug companies’ needs, such as waiting for a new vaccine drug to combat COVID, rather than look for other methodologies to treat the disease. Add to this the fact that in 1986 the drug companies successfully lobbied for and won legal immunity from any vaccine they bring to market, so those companies don’t even have to worry about

the judicial side of the government for a vaccine failure.

3) The Great Reset — The Great Reset is, as the title of a World Economic Forum article says plainly, a project to “reinvent capitalism,” and the forum aspires to carry out this drastic “reinvention” in the very near future. On the surface this may sound like an easily dismissed “tin-foil hat” proposal, but the World Economic Forum is by no means a fringe entity. In fact, the forum is famous for bringing together the world’s movers and shakers every year in Davos, Switzerland, precisely to discuss the forum’s agenda and how to implement it. Those Davos meetings are attended by some of the most powerful, wealthy, and influential people on the planet. The Great Reset is backed by the U.S.-based Council on Foreign Relations, the UN, Pope Francis, Prince Charles of England, and other world leaders, whether they attend the Davos meetings or not.

Only part of the Great Reset explanation belongs in the realm of speculation. Outsiders theorize that the world elites know that the neo-Keynesian economic model followed by the world’s governments of borrowing money, spending it, and repeatedly rolling over the debt will soon reach its point of exhaustion because the promises that Western governments have made

to supply current services and future expenditures, such as cushy pensions, will require more money than governments can possibly raise from future taxes and borrowing. The theory holds that globalists in and out of government realize that “purchasing” the compliance of the masses cannot continue indefinitely and they may have to resort to more coercive methods of population control, so they have been pushing the COVID scare because if the masses are sufficiently fearful due to an ongoing worldwide virus crisis, they will in their desperation accept much greater government control (and high tech surveillance) over their lives.

What isn’t in the realm of speculation are the very specific enunciated goals of the Great Reset. The leaders of the World Economic Forum have been brazenly open about how they plan to solve the world’s problems: by globalizing the world’s decision-making and socializing the world economy — the Great Reset. They have dredged up the old communist ideal of central ownership of the “means of production” and have gone beyond even that, advocating that all consumer goods will also be owned by a central government authority. Consumers will “rent” from the centralized government everything they need, including clothes, or be provided free everything they need, with the elites determining what they need and don’t need. The WEF elites stated flat-out in a recent video, “Eight Predictions for the World in 2030”: “You will own nothing and you’ll be happy.” Klaus Schwab, the founder and leader of the World Economic Forum, never tires of repeating to the world leaders whom he hosts and toasts that the COVID crisis is a great opportunity for them to push the agenda forward much quicker than previously envisioned.

The reader is free to pick, choose, and combine any of these or other speculations as to the strange behavior of his government leaders during this COVID “crisis.” But one thing the reader should never do is blindly accept the word of authority simply because it is authority, especially when his or his family’s health is at stake. He has no option but to do his own research and trust that honesty, logic, and the abundance of available evidence will bring him closer to the truth. ■

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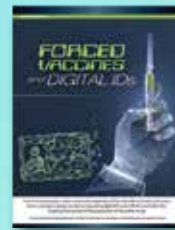


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