

The True Human Costs of Government Imposed Lockdown with Jim Agresti

- Bill Walton: [00:00](#) America's reactions to the COVID-19 crisis are ripping the country apart. It's been highly politicized. The left wants to keep the country shut down with lockdowns, and the right, so-called, wants to open things up so that people can get back to work and their lives.
- Bill Walton: [00:21](#) Underlying this all though is a real debate about what the nature of this virus is. How lethal it is, how widespread, how long lasting, who it affects, whether the effects on people's lives can be measured differently, whether, for example, old people lives should be measured differently from young people.
- Bill Walton: [00:44](#) We do know that this barely affects school aged children. It's just like the numbers even in New York are like 0.001%. It's hard to think of a time when the debate about statistics, facts and science has been so colored by people's perceptions. I know mine are. But I do think that we have science on our side when we think it's time to open the country up.
- Bill Walton: [01:09](#) I wanted to talk with somebody who is a less politically biased by this. And in this show, I'm talking with Jim Agresti, who founded a great organization called Just Facts, which gets into the empiricals in policy debates. And I hope you'll listen to us talk about this. And I hope you'll go to his website and learn more, and to my website. And look forward to learning what you think.
- Speaker 2: [01:38](#) Welcome to the [Bill Walton Show](#), featuring conversations with leaders, entrepreneurs, artists, and thinkers. Fresh perspectives on money, culture, politics and human flourishing. Interesting people, interesting things.
- Bill Walton: [01:59](#) Welcome. I'm Bill Walton. And I'm here today to talk about a COVID-19 with my good friend, Jim Agresti. Jim, who runs Just Facts, is one of the most balanced, smart people I know about taking data and working with it to reach conclusions for policy people, for hedge funds, and for all sorts of people who care about what's true, or isn't true.
- Bill Walton: [02:25](#) If you're like me, you're pretty confused right now. I think about Led Zeppelin, maybe dazed and confused. And in preparation for the show, I've been reading everything I could put my hands on. And I've got titles like an egregious statistical horror story. The data's in, stop the panic in the total isolation. Lockdown suicide data reveal predictable strategy.

The True Human Costs of Government Imposed Lockdown with Jim Agresti

- Bill Walton: [02:51](#) Well, to sort all this out, I wanted to go back to Jim and his Just Facts organization who really does a lot to try to distortions, both political, emotional, and whatever kind of distortions out of the arguments to get at what's true, and what isn't true. Jim, welcome back. Good to talk with you again.
- Jim Agresti: [03:11](#) Bill, pleasure to be back.
- Bill Walton: [03:13](#) Tell us a bit about Just Facts. It's a very interesting organization, the way you get at what you think are the, what's true and what isn't true.
- Jim Agresti: [03:24](#) So we are a nonprofit institute dedicated to publishing comprehensive, straightforward, and rigorously documented facts about issues that are vital to people. All too often, the press doesn't provide any of those. Their coverage is very narrow. It avoids important facts that are critical. And we try to fill that gap without putting in any opinion so that people can make their own decisions based upon the data. But giving them enough data to make informed decisions.
- Bill Walton: [03:56](#) Well, you've got something called standards of credibility. And you've got like seven or eight different criteria you use. And I think I do want to jump into COVID-19. And you've written a couple of very interesting papers about how anxiety from reactions to the lockdown could cause more harm than the lockdown itself. And you've also written a lot about the true nature of the virus. But before we get into that, tell me again about your standards of credibility.
- Jim Agresti: [04:24](#) Well, one of them, I already mentioned. It's about providing comprehensive facts. MIT physicist, Victor Weisskopf once said an expert is somebody who knows more and more about less and less until finally they know everything about nothing. And I think that statement adequately sums up what's going on here with the governmental reactions to the COVID-19 pandemic.
- Jim Agresti: [04:52](#) They are focused, hyper-focused, on the views of infectious disease experts, which they should be to a degree, because this is an infectious disease. But they are making policy decisions that have impacts, much broader impacts, than that one narrow field of epidemiology.
- Jim Agresti: [05:10](#) And what we're trying to do at Just Facts is say, "Hey! Let's look at everything here. Let's look at the impacts across everything, not this one narrow field of COVID-19," because although it has killed at roughly 100000 people, or about one out of every 3000

The True Human Costs of Government Imposed Lockdown with Jim Agresti

people in America, every year in America, about one out of every 100 people die. So this is only one 30th of the normal death toll. And if we're doing things that increase those other causes of death, we may be doing more harm than good.

Bill Walton: [05:45](#) So you work with primary sources. You document things rigorously. You work with raw data to the extents you can, and you throw out discrepancies, and try to get at explaining things in clear language, which I love. Thank you.

Bill Walton: [06:03](#) But I'd like to start out with clear language right out of the box. I have some confusions about what we ought to call this, whether it's a Coronavirus or COVID-19. And as you've pointed out, there's a difference between the two. And terminology matters.

Jim Agresti: [06:19](#) It absolutely does. So COVID-19, or should I say the virus that causes COVID-19, is one of many different coronaviruses. But when the media calls this the coronavirus or the novel coronavirus, which is more accurate, but still can be misleading, they're looking at the general attributes of coronaviruses. And they're saying, "Well, these viruses tend to mutate very rapidly. Therefore, we not sure if we can get a vaccine. And if we get one, if we're going to have to update it every year. And if the treatments that work today on it will work tomorrow."

Jim Agresti: [06:56](#) But the virus that causes COVID-19 is unique among coronaviruses in that it doesn't mutate rapidly, because it has a proofreading mechanism in its genetics. And I should say this. Everything I'm going to tell you here today is from a peer reviewed, or very highly credible primary source. That particular fact I'm sharing with you came from a medical journal. And it's from a geneticist called Michael [inaudible 00:07:29] from Scripps Howard, a research center. So I'm sharing with you facts that are published and proven, but yet haven't been reported by the media, or even worse, they're misreported, because I'm constantly seeing, "Hey! This is a coronavirus. It's very prone to mutation."

Bill Walton: [07:47](#) So I'll put a plug in at this point for your website, justfacts.com, because you've got two excellent studies that we're going to talk about today. And they're extensively researched and footnoted and sourced. And if you want to get at what is really happening, I think Jim's given us a path to get there. So backing up to what you were just saying, the COVID-19, it spreads like mad. But it spreads once, and it doesn't mutate the way a lot of other flus and viruses do. So once you've had it, you may have had it for life.

The True Human Costs of Government Imposed Lockdown with Jim Agresti

- Jim Agresti: [08:24](#) Yes. By the way, I'm speaking in terms of probability here. This is what we know at the moment, based upon the latest scientific data. They'll find more. But all the early indications are this does not mutate rapidly. Now all viruses mutate. The question is does it mutate enough to make a difference in the vaccine you may use or the treatment you may use? And there's no evidence that it does. In fact, the evidence is exactly the opposite, because of its genetic code, which they've started the mapping. They can see this proofreading mechanism.
- Bill Walton: [08:58](#) What about its lethality? There was a lot of talk early on that three or 4% of people out of the population may die from this. Now what we're seeing is this thing's evolved over the last two, three, now almost four months, is that the lethality is not what we thought it was out of the box.
- Jim Agresti: [09:18](#) You're absolutely correct. And by the way, even from the very beginning, there were scientists and prominent people saying, "This is about roughly as lethal as the flu for people who catch it." Now you're much more prone to catch it than the flu, because it spreads more quickly. But for those people who get it, the death rate or the fatality rate is roughly the same.
- Jim Agresti: [09:43](#) The problem is that the media, and the World Health Organization, and a couple of other organizations, have basically used a misleading method of calculating the death rate, which is taking the number of deaths, and dividing it by the number of confirmed cases as the denominator. And thus the common term became known as the denominator problem.
- Jim Agresti: [10:05](#) And the problem with that is that most people who catch this show no symptoms, and many show very little symptoms. So what happens is they don't get tested. They're not counted in the denominator. And when you artificially shrink that denominator, it makes the fraction, or the death rate, seem much higher.
- Bill Walton: [10:28](#) So we're all going back to our grade school math. Numerator is the number of deaths, and the denominator is the population over which that's measured. And so if you take just a look at the people who have tested for it, then that would be a percentage of that. And that would be a pretty small denominator. And then if you take the people who might have antibodies in addition to having the flu itself, that's a bigger denominator. And then you get into people who haven't been tested, don't know anything, but may have had it and never knew it. I mean, how many different denominators are out there? That's another source of my confusion as I go through all the reading.

The True Human Costs of Government Imposed Lockdown with Jim Agresti

- Jim Agresti: [11:09](#) Bill, what I like to refer to as these misleading denominators is the naive case fatality rate. It's naive. It's silly. They're comparing it to the flu, a fatality rate, which is 0.15%. But if you look at the data underlying that, which by the way is readily available on the CDCs website, where every media outlet is getting this data on the fatality rate, and just look at the methodology. What they do is they take the number of confirmed cases, and then multiply it, realizing, "Hey! We don't measure all the confirmed cases."
- Jim Agresti: [11:48](#) So the CDC gives a very explicit example, and says, "This is how we calculated this for the swine flu a few years back. We took the number of confirmed cases, and we multiplied it by 40 to 140 times to figure out, to estimate the denominator." So it's not just that it's off by a few percent. It's off by an order of magnitude or two.
- Bill Walton: [12:14](#) So we're talking about the difference between 3% of a population at the extreme and 0.001% at the other extreme. And the reality probably lies closer to the point 0.01 number as we look at the real denominator.
- Bill Walton: [12:28](#) What about the numerator? There's been some talk. And I don't think you've done as much work on the numerator. That's just the number of deaths. And one of the things that I've heard, and believe is that there are a number of deaths that are associated with other illnesses people may have that when they do die, unfortunately they end up attributing that to COVID-19 and not necessarily to the other illness they may have. Have you done any work on that?
- Jim Agresti: [12:54](#) I've done a little bit of research. I haven't published any on it just yet. But suffice it to say this, we may be in fact, over counting the number of cases. Others argue we are under counting them. But overall, it doesn't change the big picture. Maybe the figures off by 25% in either direction.
- Jim Agresti: [13:14](#) And let me say something about the potential for over counting. So let's say somebody is in really bad shape. They've got multiple comorbidities. They've got a bad heart problem and they catch this thing and they die. And some would argue they died a month early, and maybe they did, because they contracted COVID-19.
- Jim Agresti: [13:35](#) The way the media is counting this with this ticker of deaths, and most public health organizations, is very misleading because yes, it's sad anybody dies. Every life is important. But there's a big difference between a malady that kills somebody

The True Human Costs of Government Imposed Lockdown with Jim Agresti

at the age of 95 when they would have died a month later, and something that kills someone at the age of 23. And again, if you dig into the CDC's website, you'll see. They are very explicit, "Hey! We are measuring the impacts on public health." We have to count the average years of life lost for each victim.

Bill Walton: [14:14](#) Well, that's an important path that you've been taking us down, which is the, well, all deaths matter. Some deaths matter more in the sense that they take people at age 45 that would have lived another 40 years. And they take some people at age 85 that would have lived another couple of months. And in terms of the lives contribution to society, those are very different numbers. So let's first break down the lethality by age group, and by related illnesses, or unrelated illnesses. What do those statistics like?

Jim Agresti: [14:52](#) So the CDC recently published some data, and it's gotten very little attention. But they came out and said, "We're estimating the asymptomatic rate for this disease, in other words, people who catch it and have absolutely zero symptoms, at 35%."

Jim Agresti: [15:11](#) In my view, that is a very conservative estimate because we have two very concrete cases where everyone was tested to find out who had it, and then determine who was asymptomatic. One was the diamond princess cruise ship, which was a very elderly population. I think the average age on that ship was 69. And half of the people who they tested positive for this had no symptoms. Now, there may have been some followup testing that hasn't been published yet, where maybe they develop some symptoms later. But according to the latest data, half.

Jim Agresti: [15:43](#) Now, in a much younger, healthier population, doctors at two New York City hospitals tested for COVID-19, every woman who came in to deliver a baby. And this is absolutely astonishing. They found that among those who tested positive, 88% were asymptomatic. And then they followed them for a few more weeks and found that another 10% developed symptoms, but they don't think it was related to COVID-19. They're typical symptoms of fever after delivering the baby. So let's just take a conservative estimate. Four out of five had absolutely no symptoms, right?

Bill Walton: [16:23](#) So was the lockdown a bad idea, or a good idea, or a good idea for a while and now it's no longer a good idea?

Jim Agresti: [16:30](#) I think it varies depending upon the place. Based on what I see of the data, sometimes I think a lockdown could be beneficial.

The True Human Costs of Government Imposed Lockdown with Jim Agresti

But if you're locking down a rural area, and telling all the hospitals in that area you can't do unnecessary, or ... I forget the term they're using. But medical procedures like cancer screenings, and heart exams, people die because this stuff is done late.

- Jim Agresti: [16:59](#) And if there's not a dense population with a lot of people already have the disease, a lockdown can be very counterproductive. Also, even amongst people that you are going to save a significant amount of lives from COVID-19 because of lockdowns, there's a lot of unintended consequences. And psychiatrist, and even the UN has come out and said, "Hey! These lockdowns are causing tremendous stress on people. There's socially isolating them."
- Bill Walton: [17:30](#) As we get into this, before we get into this, let's talk about this notion of person years of life that you use to talk about the social cost of each form of dying, whether it's COVID-19, or an accident, or a heart attack, or something like that. Could you amplify it? It's a pretty interesting way to think about this.
- Jim Agresti: [17:53](#) Okay. So for example, the average age of death for an accident is about 53 years old. The average age of death for a COVID-19 fatalities about 77 years old. And again, this doesn't mean the 54 year old is more important than the 77 year old. But we have to realize something. Humans cannot prevent death. We can only delay it.
- Jim Agresti: [18:19](#) So the question is how much effort are we going to put in? And at what cost, and how many deaths are going to occur to save a life when we should be looking instead of how many years of life we're saving? That is what the CDC said is a primary measure of our public health efforts.
- Bill Walton: [18:37](#) So do you get any pushback from that? I mean, do people say, "How dare you say that this person's life is worth more than the other ones, an older person's, simply because they're younger?" What-
- Jim Agresti: [18:48](#) Absolutely. And you know what's funny?
- Bill Walton: [18:48](#) What a people?
- Jim Agresti: [18:48](#) You know what my mom said? She said, "I don't know if I'm comfortable with this concept."

The True Human Costs of Government Imposed Lockdown with Jim Agresti

- Bill Walton: [19:00](#) It's a pretty pragmatic concept. You're an engineer, of course. And I'm a finance guy. So we-
- Jim Agresti: [19:05](#) Yes. And I love my mother. And I love so many older people. And I don't value them less than anybody else. It's just, again, we have to be practical. We're not going to live forever on this earth. So how much effort are we going to put here to extend somebody's life by a week, a month, a day, an hour, a year, or 50 years?
- Jim Agresti: [19:27](#) If I take an action that harm somebody, even if it harms them 50 years from now, let's just say this creates an anxiety episode. It starts somebody's blood pressure on an upward trend in their middle ages. And they die five years earlier because of it, because they've been isolated, and they've lost their job. There's a ton of medical literature on this. This happens.
- Jim Agresti: [19:50](#) Well, people say, "Well, that's down the road. People are dying now." That's shortsighted. It's telling a teenager, "Don't worry about smoking. It's not going to kill you till 50 years from now."
- Bill Walton: [20:01](#) You got time. Party.
- Jim Agresti: [20:03](#) You have to look at all the data, all the time.
- Bill Walton: [20:06](#) With regard to the lockdown, it probably did what we wanted it to do. It flattened the curve, as they speak it. It reduced hospitalizations. A matter of fact, it not only reduced hospitalizations, but it emptied hospitals, which is another issue that we need to talk about.
- Bill Walton: [20:24](#) We've determined that the lethality is not what we feared at first. And so it's less lethal, much, much, much less lethal. So your chances of dying are lower. And we've also though determined that while it spreads like wildfire, as you put it, that spread can be a good thing, because it immunizes the population and works its way through the through society so we can get back to normal. Is that a fair summary of where we are as you see it?
- Jim Agresti: [20:55](#) I'd like to add something to that.
- Bill Walton: [20:55](#) Add away.
- Jim Agresti: [20:57](#) It's really difficult to tell if the lockdowns were effective and where they were effective. Take New York City and New York state. Very dense center of population in the US. The death rate

The True Human Costs of Government Imposed Lockdown with Jim Agresti

there is more than 10 times higher than take Florida, for example, which is near the center, 20 times higher than Texas. They had a very strict lockdown, much stricter than these other states. And yet they've had a disaster.

- Jim Agresti: [21:27](#) You had Cuomo's decision to force, and our New Jersey, governor Phil Murphy's decision to force nursing homes to take COVID-19 positive patients. So this one size fits all, generic lockdown, hide everybody, could be a mistake. And I think it was, because what we should done is put more effort into protecting the vulnerable. And if you're young and healthy, your odds of being killed by this thing are so vanishingly small, much, much smaller than other things that occur from just walking out your door every day. Getting in a car, whatever it may be, taking drugs.
- Bill Walton: [22:08](#) Well, and those of us who've been skeptics, and I'm among them, think that this whole thing has been an incredible overreaction, and a year from now, we'll be looking back and saying, "What on earth did we do?"
- Bill Walton: [22:20](#) But having said that you tend to be put on the defensive. You don't want to be too tough minded. Every life counts, as Cuomo would tell us. Although Cuomo sent all the old people back into the nursing home. So I'm not sure that he quite valued those lives as much as he might purport to have done. Anyway, I digress.
- Bill Walton: [22:39](#) But there is a cost to the lockdown, which those of us who have compassion believe is real. And it's the effect on people's emotions. It's effect, they're not going to hospitals. We get treated for conditions there. Just generally, I mean, if you shut down the economy, the shutdown economy is associated with a lot of pathologies, including death. You've done a lot of work on that. And I'll recommend your website again, the piece you wrote, anxiety from reactions to COVID-19. And this is the headline, will it destroy at least seven times more years of life than can be saved by lockdowns?
- Jim Agresti: [23:27](#) Yes. I emphasize that word at least, because this study was the brain child of a PhD scholar who reached out to me after we published our original research on this. His name is Dr. Andrew Glenn. And he said, "Hey! There's a lot of literature out here about the cost of anxiety, the things associated with the lockdown, the loss of jobs." And there is. And he, by the way, has a PhD in operations research. And he's an award winning researcher in the field of computational probability.

The True Human Costs of Government Imposed Lockdown with Jim Agresti

- Jim Agresti: [24:05](#) And what's unique about his discipline is it's multidisciplinary. It looks at complex problems like we have here, and says, "Okay. Let's start quantifying all the effects. Instead of just counting COVID-19 deaths, let's look at the deaths from lost jobs. Let's look at the deaths from anxiety."
- Jim Agresti: [24:24](#) And our ultimate goal was to measure the deaths from the lockdowns. But we weren't able to isolate that because, a lot of this was wrapped up in other factors. So instead, what we looked at is deaths from anxiety. And we looked at the literature, we looked at scientific, nationally representative survey, several of them that have been done by like the Kaiser Family Foundation, and other mental health organizations.
- Jim Agresti: [24:49](#) And a lot of people are extremely stressed out about this. The lockdowns, the disease itself, media exaggerations, being shut away from family and friends. All of these things have impacts. And in a bare minimum, these impacts from anxiety are going to kill, or excuse me, destroy eventually, at least seven times more years of life than the lockdowns can possibly save.
- Bill Walton: [25:19](#) And, your coauthor, Andrew Glenn, Dr. Andrew Glenn, I guess he's been at the US military Academy. You cite surveys, or research, or reports that were done several years ago, many years before this virus lockdown became a public policy issue. So this is not influenced by people's opinion about what the virus is or isn't. This is just pure data. How does anxiety, depression, mental, mental disorders affect people's longevity and quality of life?
- Jim Agresti: [25:54](#) Correct. And as we point out in this study, I'm not talking about clinical levels of anxiety. We're just talking about general anxious feelings, which many people are having about this. It doesn't have to be so bad that you see a doctor. But when you go through a high anxiety episode, even if it's not clinical, it's subclinical, they call it. It has definitive effects on you. And again, sometimes they don't manifest until years later. But that doesn't mean they're not real.
- Bill Walton: [26:24](#) So let's talk about the numbers. In terms of the person years, what's our term for this? It person years, or years of life? What's your-
- Jim Agresti: [26:34](#) Average years of life lost per victim, I think would be, explain-
- Bill Walton: [26:37](#) Okay. Let's put that into some categories and compare your view about the average lives lost per victim by keeping people

The True Human Costs of Government Imposed Lockdown with Jim Agresti

locked down versus not keeping people locked down, and letting them go out and live their life.

- Jim Agresti: [26:53](#) So what we found out amongst a ton of literature that we examined and laid out in on our website is that the bare minimum is about a little over a year of life per victim for everyone who has a severe anxiety episode. And what these nationally representative surveys are telling us is roughly 20% of US adults are experiencing this from the COVID-19 pandemic. Again, not just the pandemic itself and fear of it, but fear of the media exaggerations, the wall to wall coverage, and also the lockdowns.
- Jim Agresti: [27:32](#) There's been a ton of literature written about the effects on your life, your life expectancy, from losing a job. And this is very traumatic to people, even if they're getting high amounts of social benefits in the interim. They have found that people will lose a couple of years of life as a result of this on average. Now, some might not lose any. Some might kill themselves tomorrow. But when you average it all out, that's your average years of life lost per victim.
- Bill Walton: [28:02](#) Well, you'd go so far, and I love this approach. You've quantified it, and said your estimate is at least 16.8, let's call it 17% of the population of the US is probably affected by this, almost 49 million people, suffering major mental harm. And that's sort of the bedrock of your study, which is who are these people? What's their pathology? And how will this affect their life?
- Bill Walton: [28:30](#) And then I think your second bedrock idea is this minimum number of life per person years, life years, whatever, that they would lose. And you're saying ... You quantify things like 50 years or more for people, young people that commit suicide, one month or less for elderly people who might've contracted this, versus two years average for middle aged people who've got some health, or some heart issues. Could you expand on my summary?
- Jim Agresti: [29:02](#) Sure. So I want to correct one thing. You said the word probably about 17%. That's actually the absolute bare minimum. And the way we arrived at that is we looked at several different surveys, chose the lowest result. And then we used the margin of error, and down-scaled that to the lowest possible extreme of the study to establish an absolute bare minimum.
- Jim Agresti: [29:26](#) And yes. And then we looked at the academic literature on the years of life lost from various mental health stressors. And 1.3

The True Human Costs of Government Imposed Lockdown with Jim Agresti

years was the absolute bare minimum we found amongst the host of studies. Some of them are much higher.

- Jim Agresti: [29:44](#) We're presuming that everyone has a low level subclinical anxiety amongst those 17%. But the fact of the matter is some of them have very high level depression. If you already have a mental illness, this can exacerbate it. If you were on the brink of having a mental illness, this pushes it ahead a couple of years. So that's an absolute bare minimum.
- Bill Walton: [30:10](#) So what I'm not seeing, and this is why I wanted to have you on, and I'll probably have you back on, because I want to dig into this, I'm not seeing that reported in the media. I'm not seeing suicide spikes. I'm not seeing other sorts of deaths reported. The media's been silent on that.
- Jim Agresti: [30:27](#) Yeah. Most of the media. I'm seeing things trickle out here and there. There was, I'm trying to remember who reported it. I think it was ABC7. So it was a local network out in California. There is a doctor there, the head of trauma at a hospital. And he said we have seen more suicide attempts in the last four weeks than we have in most years. Now, is that receive receiving national coverage in the New York Times and ABC National? I haven't seen it. I track them pretty closely. And yes, I think their reporting suffers from giving you half the truth, which can amount to a total lie.
- Bill Walton: [31:10](#) So we've got just a couple of minutes left. Do you want to ... I guess, you mentioned these lower numbers. You've got some higher numbers. You said it was at least seven times more deadly in terms of years of life. But you've reached some other conclusions about maybe 90 times more deadly or more. Could you?
- Jim Agresti: [31:32](#) Sure. I should back up into this just for a quick moment and say how we're establishing the maximum amount of life saved by lockdowns. And the way we did that is by comparing Sweden, who a lot of people know didn't have a lockdown. Had some social distancing put in place, but kept many schools open, kept its restaurants open. We show a picture of Stockholm, just bustling with people in the middle of this thing. But their neighbors that had very strict lockdowns, and the COVID-19 death rate is higher in Sweden.
- Jim Agresti: [32:08](#) So what we did is we compared the death rate in Sweden to the lowest death rate amongst the Scandinavian neighbors, and used that as a multiplier for the number of lives saved that could possibly maybe be saved by lockdowns in the United

The True Human Costs of Government Imposed Lockdown with Jim Agresti

States. So we established that as a maximum amount of lives saved by lockdowns, minimum amount cost from anxiety.

- Jim Agresti: [32:34](#) We also ran calculations, not using these extreme maximum and minimums, but just using the average for each of these. And it increases the ratio by a factor of 10. So we're looking at possibly, if the average is play out, about 70 times more years of life lost from anxiety than actually saved by the lockdowns.
- Jim Agresti: [33:00](#) And again, this isn't right here and now. This is over time. And just like smoking or any other longterm illness, if we're taking actions today that are going to kill people tomorrow, we need to measure those effects when we're making decisions.
- Bill Walton: [33:14](#) Who's reached out to you to learn about this? This has a huge impact. And if true, and I believe it is true, the research you've done on decisions about opening up Virginia, Maryland, New York, whatever. Have any of the policy people in those states come calling?
- Jim Agresti: [33:35](#) They have not. We've had a few right of center media outlets come to us. The Washington Examiner wrote a piece about it. Susan Berry of Breitbart, Tyler O'Neill of PJ Media. And we've had about a dozen PhD scholars and medical professionals either write us and say, "This is great research," and/or shared on social media.
- Jim Agresti: [34:00](#) But we have not heard from leading politicians who are making the decisions based upon what should be the best interest of all people. And these are the people that need to be reached, because they have an executive order authority. I'm thinking of our state where a person who knows absolutely nothing about this is relying on a small, cherry picked group of experts to make decisions that are going to impact people for decades to come. It absolutely irresponsible.
- Bill Walton: [34:34](#) Yeah. It's certainly become politicized. And this is not a question of lives versus the economy. I think what your work has done is shown us this is lives versus lives. And everything you do in life, there's a risk, there's a trade off between a good thing and a bad thing.
- Bill Walton: [34:50](#) Well, you do this good thing to lock things down. Then you save some lives due to COVID-19. But on the other hand, you're destroying seven times, 90 times, more lives because of the lockdown. This is something that needs to be more widely reported. And I hope everybody listening and viewing this show

The True Human Costs of Government Imposed Lockdown with Jim Agresti

will send it on to your friends so we can begin spreading the word that Jim has been informing us about, that this COVID-19 is something we need to put in perspective and move on from these lockdowns. Jim, final thought?

- Jim Agresti: [35:28](#) Thank you for having me on. And I echo your sentiments. Please share this widely and then get it over to influential people who make decisions.
- Bill Walton: [35:35](#) Okay. Well, that's on my to-do list. I hope it's on your to-do list. Thanks, Jim. Sure, we'll have to be back talking sometime in the not too distant future.
- Bill Walton: [35:47](#) Thanks for joining for today's show. You can learn more about Jim's work on his website, which is justfacts.com. And also we're rolling out a new The Bill Walton Show website, which has a section called interesting people. And Jim is a very interesting person. And we'll have a page for Jim. And we'll refer to his work so you can get to it both his site and at our site.
- Bill Walton: [36:10](#) And also on the site, I wish you would submit some comments, some ideas for future guests, and future shows, because we'll certainly be responsive to that. Also, please subscribe to the show on the major platforms, YouTube, iTunes. I guess it's now Apple. Spotify, all the major podcast platforms, which is what we're on.
- Bill Walton: [36:31](#) So thanks for joining The Bill Walton Show. Thanks for joining me, and look forward to talking with you again soon. Thanks. Bye.
- Speaker 2: [36:39](#) Thanks for listening. Want more? Be sure to subscribe at thebillwaltonshow.com or on iTunes.