

Episode 107: Surviving COVID with Dr. Jay Richards

- Speaker 1: [00:04](#) 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: [00:25](#) Welcome to The Bill Walton Show. Today I'm here with my friend Jay Richards, who's the executive editor of The Stream and coauthor, with Douglas Axe and William Briggs, of The Price of Panic: How the Tyranny of Experts Turned the Pandemic into a Catastrophe. Well, we were very skeptical about the lockdowns, very skeptical about masks, and also very skeptical about how lethal the virus was. Well, a couple of weeks after we did the show, Jay got the virus. He was a genuine COVID-19 patient and went through the whole process. And Jay's back today to talk about what that was like and how he feels about things right now. Jay, glad you're with us.
- Jay Richards: [01:09](#) Thanks, Bill. I know-
- Bill Walton: [01:11](#) Glad you're among us.
- Jay Richards: [01:12](#) Absolutely. I know we talked when the book, right when it came out, actually. And it's funny because I wrote the book with two co-authors, as you mentioned. And all of us said, "We're writing about this from the third person because none of us ..." I mean, we knew people who had gotten it. In fact, we knew of people who had died at least with it, maybe from it. But we hadn't experienced it ourselves. And sure enough, right after the book comes out, for some unknown reason because I'm basically a hermit staying in my house, I managed to catch it.
- Bill Walton: [01:38](#) Now, did any of the three of you wish you had had it so you'd have some authority when you wrote the book?
- Jay Richards: [01:42](#) Honestly, not so we would have authority because the reality is the arguments are the same either way. I mean, statistics are statistics either way. But I thought it would be nice to have been able to have experienced it from the inside because we had to just sort of read about it or ask people. Now I've seen it from first person, workers on the front lines, at least what it's like for me. Of course, different people have different symptoms, but at least I knew what it was like for me, sort of, I think, representatives for somebody my age.

Bill Walton: [02:07](#) So set the stage. A couple weeks after we did the show, you were-

Jay Richards: [02:14](#) Just doing what I do. I mean, basically, I'm working from home. I mean, Catholic University is mostly online except for freshmen. And so virtually all my work is at home. My daughters kind of come and go, but other than going to the gym with a mask, I have really not been out that much. But I just got what was essentially felt like a cold, a sort of mild cold. A stuffy head, kind of tired and fatigued, just what in a normal, prior to 2020, I would have thought, "Oh rats, I've got a cold." Didn't really think much about it. But eventually, after a few days, took my temperature and it looked like I had just almost a degree above normal temperature. And thought, "I should really get tested for COVID-19." So I went through one of these drive-thru clinics at an urgent care, which is actually pretty efficient. You do an online consultation with a physician and then you do a drive through. And I actually did the swab test, not the PCR.

Bill Walton: [03:05](#) The swab test, is that long?

Jay Richards: [03:08](#) They're all swabs, but there's a PC ... Either way, they're sticking a swab in your nose. But one is the sort of quick antigen test. And they say it's less accurate when, in fact, I think it's probably less prone to give you a false positive, but more likely to give you a false negative. Well, I had symptoms. And so I thought, "Okay, I'm not worried about that." And the PCR, there's problems on the other side. And so I did the antigen test, which was quick, had the answer back in a few hours. Positive. Now, having written the book, I know that there's dangers with accuracy in all these tests, but the fact that I had the sort of telltale symptoms where it's basically cold-like symptoms, had a fever, it had started as kind of a sore throat. I thought, "Okay. I mean, I think I'm a genuine case." Even though at the time, they didn't recommend anything.

Bill Walton: [03:54](#) So you did the swab test. How soon did you know?

Jay Richards: [03:58](#) Within hours. So that's the thing about this is that it got crazy when my family, my daughters and my wife, decided to do it too because they're in the house with me. And it took them a little longer. But in principle, they can do these quick antigen tests, turn around in about 15 minutes.

Bill Walton: [04:12](#) Well, I had to take the test at the White House because I was introducing President Trump in an event. And it was strange, the way they do this is they take your cell phone number and

you go in and you get the test. And they say, "If you don't hear from us, you don't have it."

Jay Richards: [04:27](#)

That's good.

Bill Walton: [04:29](#)

So you're watching your cell phone or listening. Anyway, I didn't have it. So how did they let you know?

Jay Richards: [04:35](#)

Actually, I had to call. They were supposed to do that. The system is that they're supposed to text you, but actually I called and then they said, "Oh, okay, well we need to have you talk to the physician." So I thought, "I must be positive." So I had to wait. But it was all digital. They did it over, actually over-

Bill Walton: [04:51](#)

So you talked to the physician. Then what?

Jay Richards: [04:53](#)

Well, she told me, "You're COVID positive. How do you feel?" I said, "I feel like I have a cold." She said, "Okay, that's fine. Just I don't think you're not severe, at least at this point. So just keep checking your symptoms, let us know if there's any sort of problems." And then I did that actually for several days. The sort of complication in the story is that I've had pneumonia twice. The second time I had pneumonia in 2016, it became pleural effusion, which is essentially when your lung sticks to the inside of your chest cavity.

Bill Walton: [05:24](#)

So you had a comorbidity?

Jay Richards: [05:25](#)

Yeah. Not exactly a comorbidity in the sense that I didn't have some disease like obesity or type two diabetes or something like that. But I had had something, I had sensitive lungs, essentially. I mean, this was a major episode. Two weeks in the hospital, most of that in intensive care, major surgery. Didn't want to have pneumonia again, obviously. But as a result of this, I, or I should say my wife, is very careful about testing things like oxygen.

Bill Walton: [05:53](#)

Well, I don't want to jump ahead of the story, but which was worse? Pneumonia or this?

Jay Richards: [05:58](#)

Well, the bacterial pneumonia that I had the first two times was far, far worse than this for me. And it's because in both of those cases, it was probably just a cold. That's the funny thing. People often say, "Well, don't compare COVID-19 to the flu." Well, the flu can be terrible for people. I mean, the flu kills people, lots of people, right? Especially if it becomes bacterial pneumonia because you've got a lot of stuff in your lungs that can cut down

on your oxygen. And so certainly that experience was far, far worse than what I had with COVID-19. But of course, in this case, we were being more careful. I was watching, I was testing my oxygen. I mean, who normally has a pulse oximeter?

Bill Walton: [06:33](#)

And you've also had sinus surgery, hadn't you?

Jay Richards: [06:35](#)

Exactly. I've had sinus surgery a couple of times. It's a respiratory things is in my house. And my wife had said, "The one person I'm worried about getting this is you." She told me. "And you're the one that got it. And we haven't got it."

Bill Walton: [06:47](#)

Yeah. You're like this big, strapping, healthy guy. You're in the gym every day. And yet you're falling apart.

Jay Richards: [06:52](#)

Random things. No, I always say, I'm just like, "Every couple years, I throw out my quad tendon or I get pneumonia." Yeah. Otherwise, fine.

Bill Walton: [07:01](#)

So what was the timing in all this? You went home and you had these symptoms.

Jay Richards: [07:06](#)

Yeah. And so this was about probably a week in. We had been testing my oxygen with these things called the pulse oximeters that you can get for \$15. At the doctor-

Bill Walton: [07:16](#)

It goes on your finger and clamps down?

Jay Richards: [07:16](#)

Goes on your finger, exactly. And so it can test your pulse, but it can also test somewhat accurately your blood oxygen levels out at the tip of your finger. And you don't want this to go below 90%. In fact, it's better to be above 95%. And that's normally where I am. But one day, it dropped below 90. It was in the 80s. I thought, "This is so strange. I feel fine." In fact, I felt better than I had.

Bill Walton: [07:41](#)

Now, is the oxygen level the reason people used to get put on ventilators?

Jay Richards: [07:45](#)

That's right, exactly. Put on ventilators probably prematurely. And I had read several articles about people describing the pneumonia with COVID is quite different from the regular bacterial pneumonia and that we have bacterial pneumonia and you've got a bunch of gunk in your lungs, you feel that. You feel short of breath, you know there's something wrong. But if you have a viral pneumonia, which is common with COVID-19, you might feel fine and yet your oxygen will be dropping. And so it's

a weird kind of thing. And so people often wait too long. And so that's why we were actually testing it.

And so at first I thought, "I feel too good for my oxygen to be 87. There's got to be something wrong with this." My wife went to the drugstore, we got two pulse oximeters which didn't agree, but both said that I was below 90. And so we asked our doctor friend and she said, "Better safe than sorry. You better go to the emergency room." So I did, I went to the emergency room right here at Holy Cross, actually just a few miles from here in suburban Maryland outside DC. And got to experience how COVID-19 patients are processed, essentially.

Bill Walton: [08:46](#)

How?

Jay Richards: [08:47](#)

I mean, so in this case, Holy Cross had actually built a separate facility over part of their parking lot during the springs. Remember, there's the worry about ERs being overrun. And so they had built-

Bill Walton: [08:58](#)

This was their version of the aircraft carrier off Manhattan?

Jay Richards: [09:01](#)

Exactly. Sort of a temporary structure that's not a tent, but feels like a tent on the inside. It's hard sided, with a giant HEPA filter, of course. And essentially, it's a way to quarantine the people that might have COVID from everybody else that's in the emergency room. They said they'd never actually used this in the spring or summer. And this was the first day they had opened it because of news of increasing cases. So it was me and three other people that were waiting for their tests, but they could do blood and chest x-ray and all this kind of stuff. And so they tested my oxygen, which seemed fine when I was seated, but did go down when I was walking around, which was kind of a bummer. I was hoping it was just sort of bad instruments. So they did a chest x-ray and said, "Yeah, you've got the beginnings of viral pneumonia, essentially. And so that's probably what it is." But again, no coughing or phlegm or anything like this.

Bill Walton: [09:49](#)

So what's the difference between COVID-19 and viral pneumonia? I mean, these things, I mean, I state for the record I find this incredibly confusing as to which disease you have.

Jay Richards: [10:02](#)

Yeah, absolutely. And so it's the same thing with the flu. So the flu, of course, is a virus. But the flu, usually what ends up if something's really bad with the flu, of course the symptoms can be bad, but if it becomes infected with bacteria, right? So what can happen is that you start with a virus, right? You get the

infection, it lowers, essentially, your immunity to other kinds of things. And then bacteria take over in your lungs or in your respiratory system. And then you have bacterial pneumonia. Viral pneumonia is just essentially the inflammation that you get from the virus itself, but bacteria have not settled in. And so you can still have this kind of swelling and reduction in your capacity, essentially, to get oxygen into your system just from the virus itself. And we know that. This bacteria, I mean, this virus attacks your respiratory system, your sinuses and your throat and your chest.

Bill Walton: [10:49](#) Now, are the treatments different for that? I mean, they started treating you. Did you stay in the hospital?

Jay Richards: [10:54](#) I did. I stayed in the hospital overnight. In part, so that they could do a bunch of blood tests. And essentially, what I discovered is that the frontline workers, the people that are really on the frontlines. So ER doctors, the hospitalists, and the doctors and the nurses that are dealing with this, they've learned a lot in the last several months. For one thing, they're not putting people on respirators nearly as quickly as they can. They're also doing things like they'll give you a lot of things that are fairly benign that might work. So they'll give you a bunch of vitamin C, they give you a bunch of zinc, a bunch of vitamin D. They even gave me, I think, Lipitor, which is a statin that of course is for cholesterol. But there's some evidence that it might kind of help. Pepcid, right? Which is something for heartburn. They give you that because there's some kind of correlation. It's probably just a correlation-

Bill Walton: [11:39](#) So do they just walk through Walgreens and pull stuff off?

Jay Richards: [11:42](#) Yeah. No, but it's like, okay, there's some evidence. And we know this, it's almost certainly not going to kill you to take a Pepcid. So they give you a lot of this stuff. And then they do go ahead and they gave me a couple of antibiotics by IV, and then a steroid, basically an anti-inflammatory, by IV. So you don't, of course, need an antibiotic, per se, if it's just a viral infection because the antibiotic would be for the bacteria. But there's some evidence that, for some reason, some antibiotics seem to have an effect, maybe an anti-inflammatory effect or something, in helping this. And so they tend to do that. Though I didn't have to stay on the antibiotic. But when they released me, I did have to stay on the steroid, dexamethasone, which is the kind of common treatment. And I can say that the symptoms from that, the bad effects from that, were far worse than anything with COVID actually.

Bill Walton: [12:29](#) You're watching The Bill Walton Show? I'm here with Dr. Jay Richards. And Jay's the author of The Price of Panic and also a COVID-19 survivor. And we're talking about what that experience was like. So the drug they gave you afterwards, which that was actually worse than everything else?

Jay Richards: [12:46](#) Yeah, it was. I mean, and I've heard this, but it's basically an anti-inflammatory steroid that you take, which is really, I mean, it strikes right at the symptoms. If you're having inflammation in your lungs or in your bronchial tubes, it's exactly what you want. But for me, at least, it made my stomach hurt really, really badly. And worse than that, it made me feel like I was in a panic.

Bill Walton: [13:04](#) But they let you go home.

Jay Richards: [13:06](#) They did.

Bill Walton: [13:06](#) And they said there's really nothing to do or worry about. And what was the timeframe for when the first symptom hit until when you didn't feel-

Jay Richards: [13:13](#) Well, so the first symptom hit, it was, probably, it was almost a week before I was in the hospital. So basically, it was two weeks of symptoms, I would say. Two weeks of symptoms and then a week of just feeling slightly tired, but still back to normal, I would say. So just about what you hear. About two weeks of symptoms, about a week with fever.

Bill Walton: [13:30](#) So have you talked to a lot of other people who've gone through this now? I mean, have you formed a ...

Jay Richards: [13:35](#) I'm not a part of a Facebook chat or anything.

Bill Walton: [13:35](#) A coffee clatch.

Jay Richards: [13:39](#) But you can, of course. I talked to people that had it. I had friends who had it in the spring. Many my age who actually had it much worse. I had some friends that said, well, it felt like there was barbed wire going across his chest, my friend and his wife that had it. I had nothing like that. It was basically, in terms of the way it felt to me, it was essentially a cold that then I think, honestly, because of my sort of complexities with my lungs, caused my oxygen to drop. Now, the question is if I hadn't had the pulse oximeter, would it have sort of cleared out anyway? Because I was resting.

Bill Walton: [14:12](#) In other words, it was the oxygen that sent you in. If you hadn't known that, it might've just gone.

Jay Richards: [14:17](#) That's right. And in fact, my general practitioner, when I met with him afterwards, said, "It's quite possible that you would have been fine." There's always that dilemma that if you do a full body scan, you might find something you wouldn't have otherwise found that you would have survived. Right? But then you've got to treat it. And there's no way to know that after the fact. So we just thought it's kind of better safe than sorry.

Bill Walton: [14:37](#) What about the emotional impact of this? Was there any point, any moment where you said, "Oh my, this is it?"

Jay Richards: [14:42](#) No, not at all. And part of that is just kind of the way it feels. I mean, if you have a really bad flu and you're dry heaving, there's that moment where you think, "I might die." And then there's that moment where you think you might not die, you might keep living with this. Right? In my case, it was nothing like that. Now, some people that have this do have much more kind of flu-like symptoms, but this was basically, the way it felt, it felt like really a mild cold, except I kind of had a slight fever at the beginning.

Bill Walton: [15:09](#) Well, you've written now about also what the healthcare workers going through. You learned a lot in this about what they're doing, and I think your respect for them has gone way up.

Jay Richards: [15:17](#) It has. I mean, of course I assumed they were having to work hard-

Bill Walton: [15:20](#) I mean, not that you didn't respect them before.

Jay Richards: [15:22](#) No, absolutely. But to see it. To see it. And of course I had to abstract myself because they'd take a ... It's called a arterial gas measure in which they stick a needle in your wrist artery, it's the best way to get your oxygen and CO2. So if you don't like having your blood drawn, try the arterial draw. Right? And so, but it's the way they test for this.

Bill Walton: [15:42](#) They went into not a vein, an artery?

Jay Richards: [15:44](#) Into an artery. I mean, and so I had basically they're running out of places to poke. So I was having to abstract the torture from what I was watching, which is nurses and doctors. I mean, first of all, they're not wearing those little surgical masks. They're

wearing, very often, two masks, an N-95 without a valve properly fitted to their face, face shields, goggles, gowns, gloves over the gowns. You can imagine if you're doing this eight, twelve hours a day and you're having to communicate with patients, some of whom are not having an easy time speaking. And if you're, say, in this temporary facility with a loud HEPA filter, you can imagine the kind of communication difficulties. And this is what these folks are doing. And it's hard. It's hard now. They wondered, I never told anyone, "Oh, I've got a book on this so I want to ask you questions." But I was sort of, I'm wanting to know what it was like. Most of them said, "Well, we're kind of used to it." And none of them were panicked.

- Bill Walton: [16:38](#) What did they tell you about other patients? I mean, you're a gregarious guy. I'm sure you got engaged. What did they say?
- Jay Richards: [16:45](#) They told me, well, first of all, most of the people that were in the hospital were older than me and really in severe-
- Bill Walton: [16:49](#) Well, that's the risk group.
- Jay Richards: [16:50](#) Yeah, exactly. And they said, "Actually, you seem fine." In fact, the doctor that I saw that morning said, "You seem fine. I think you can go home. You're definitely better than everybody else that's here." The other people that I saw in the sort of clearing center in the temporary ER were people that probably had symptoms and thought, "I better go in and get tested." And so they were waiting. And it certainly wasn't overrun with people. I think they were prepared for that. There were clearly a lot of people on staff. And in some ways, for me, I felt like my impression is that the people on the front lines, the healthcare workers that are actually dealing with patients, are learning from experience. Policymakers, on the other hand, don't seem to be very quickly learning from experience. I mean, it's one thing to have advocated, for instance, population wide lockdowns in March when you don't know what you're dealing with. But to still be arguing this when we have so much data.
- Bill Walton: [17:43](#) What did the hospital workers, healthcare workers think about the lockdowns?
- Jay Richards: [17:46](#) I don't know that I actually asked them specifically about that. One expressed, one man that I think was a nurse expressed skepticism about it, but it was sort of on his own. But the lockdowns, in particular.

Bill Walton: [17:59](#) Now, you raised a point about masks. And inferring from what they're wearing in the hospitals, they don't believe the cotton masks really do anything.

Jay Richards: [18:09](#) No. You're never going to see-

Bill Walton: [18:10](#) I mean, if they believed that, they wouldn't do all the extra stuff.

Jay Richards: [18:14](#) I mean, if you actually study the data, it's not like we just thought started thinking about masks this year. We have been studying the effects of masks since the Spanish flu trying to figure out what works and what doesn't work.

Bill Walton: [18:23](#) Yeah, there's some pictures of people in World War I-

Jay Richards: [18:26](#) Yeah, in cloth masks and stuff.

Bill Walton: [18:27](#) Same masks we have now.

Jay Richards: [18:28](#) I'm telling you, no healthcare worker that's trying to avoid a virus is wearing one of those surgical masks. That's just not what they're for. Those are for the wearer, preventing you from basically spitting on people. And that's really what they're used for. They don't expect them to stop a virus.

Bill Walton: [18:43](#) So the spit would be a conveyor, but nothing else would be. I mean, it had to be-

Jay Richards: [18:48](#) Yeah. So if you're just a large globule of spit, right? It's going to catch that. The problem is that it's likely that this virus, just like the flu virus, in many cases, is being transmitted by aerosols. And aerosols are the very tiny particles. Again, there's still sort of moisture carrying the viruses.

Bill Walton: [19:06](#) Explain aerosols to me because I think of aerosols, I think of the shaving kit.

Jay Richards: [19:11](#) Yeah, not that. Yeah, so basically the aerosol would be-

Bill Walton: [19:13](#) What's an aerosol?

Jay Richards: [19:14](#) Think of it as a mist that's fine enough that it can just hang in the air. Right? So if you spit, spit doesn't sit there in the air. An aerosol can sit in the air, because the particles are so small, maybe for hours before it dissipates. Think of it. It's like a-

Bill Walton: [19:28](#) Do masks work with aerosols?

Jay Richards: [19:30](#) Not those kinds of masks.

Bill Walton: [19:30](#) No. Not the-

Jay Richards: [19:31](#) They just go right through. Not the surgical masks.

Bill Walton: [19:33](#) The masks that 98% of people are wearing on the street?

Jay Richards: [19:35](#) No, they don't really do anything. In fact, the other thing is even if it was a solid mask, you got the same sort of volume in your lungs either way. And so if it's not fitted to your face, the air is just going to go around the mask. And so that's why you need a mask that, first of all, really filters. And then it has to be tightly fitted around your face so that the air has to go through that filter. And so that's why the N-95 mask, it's going to probably make a difference if you're wearing it right.

Bill Walton: [20:00](#) So that's what the hospital, the healthcare workers wear. Now, I've also been reading now that they also think that the eyes can be a source.

Jay Richards: [20:07](#) Oh, absolutely. Yeah.

Bill Walton: [20:09](#) So we're missing that. I mean, all this craziness about masks.

Jay Richards: [20:12](#) Yeah, that's right. And that's why hospital workers, so they were goggles or face shields and things like that because basically, just think of these little, tiny viral particles in tiny little bits of moisture floating in the air. They can get in your eyes and get in your nose, they can get in your mouth. And unless you're really protecting those, there's not all that much you're going to be able to do to prevent it.

Bill Walton: [20:34](#) What about hospital crowding? I mean, we're now in December. And you've mentioned the political response. There's all this, "Oh my God, cases are going up. Got to lock people down." The restaurant in the place where Sarah and I go in our neighborhood now had like 14 tables, now it has two.

Jay Richards: [20:52](#) That's sad.

Bill Walton: [20:53](#) We're very spaced.

Jay Richards: [20:54](#) Yeah, very spaced.

Bill Walton: [20:55](#) But so the politicians have reacted by making it even tougher to congregate. What did you learn that would give you a point of view about that?

Jay Richards: [21:05](#) Well, certainly this is a respiratory virus. And so what's happening right now is similar to what happens during flu season. So of course they're going to be not merely by cases, let's just talk about actual cases that need to be treated, right? So I do think there's an increase in that, as would be expected with a respiratory virus. The problem is that the way we're coding this now, we don't actually know what's happening with the flu because the way the CDC ... In fact, the CDC quit tracking this on the website recently. And so it looks like we may be counting lots of cases as COVID cases that could very well be flu cases. Or at the very least, we're not really tracking the flu anymore. And so what I suspect is going to happen is we're going to have this conglomeration that's going to follow the regular cold and flu season pattern that's going to include all the traditional common colds. It will include influenza, it will include COVID-19.

And we'll see that as a kind of respiratory pattern that's existed since we've been keeping records, is that you have deaths go up, hospitalizations go up. There's no reason to think the hospitals are going to be overrun. In fact, here in DC, I can tell you this because this is my experience, I ruptured my quad tendon almost two years ago when we were living in District of Columbia on the first Friday in February. And the first two hospitals turned my ambulance away. And so I had to go to the third one. And I said, "Well, what's going on?" They said, "You really don't want to get injured on the first Friday of the month in Washington DC because people cash their checks, they get drunk, and they end up in the emergency room." So this happens.

Bill Walton: [22:40](#) Why haven't I heard about that on 6:00 news?

Jay Richards: [22:41](#) No, you never hear about the first Friday. I know. And so nobody's tracking that. The reality is that when you have something, it's going to hit emergency rooms. There's no reason to think they're going to be completely overrun.

Bill Walton: [22:54](#) I keep struggling to find out what's real, what isn't real. If you take a look at cold and flu deaths for the last decade, and you just do a chart across time, what do they average? 200,000, 250,000 a year?

Jay Richards: [23:08](#) Well, if you include pneumonia.

Bill Walton: [23:10](#) Okay.

Jay Richards: [23:11](#) Yeah, you got to include pneumonia.

Bill Walton: [23:12](#) And then also if you track that over time, you also see the vastly disproportionate numbers among people 75 and over.

Jay Richards: [23:20](#) Of course, yeah. That's right.

Bill Walton: [23:22](#) So how is this different from that?

Jay Richards: [23:25](#) It is very similar. I mean, this has always been the thing that people bristle when you say, "Well, let's look at the flu." The reason we look at the flu is that the flu is essentially what more or less accounts for the annual variation in deaths once you control for things like population growth and things like that is how bad the flu season was. And it's really not the flu, it's the flu plus pneumonia and complications. This is very much like that. It's, of course, a different virus, but it's a respiratory virus. It's much more dangerous for people over 70 or 75 with co-morbidities. In fact, it's 1000 times more dangerous for people like that than it is for the school age children that we're making use Zoom. And so that's just a fact that we now know. And so the idea that policy wouldn't change based upon that fact, it boggles the imagination.

Bill Walton: [24:13](#) You're watching The Bill Walton Show. I'm here with Dr. Jay Richards, and we're talking about how lethal the COVID-19 is compared to the flu and cold and regular cold and flu seasons. And it's interesting, there's really not that much difference.

Jay Richards: [24:30](#) Yeah. I mean, it's a very strange thing because initially, if you looked at, say in March, the panic that sort of reset the world was based upon a computer model by the Imperial College London that assumed an infection fatality rate of 3.4%, which would have meant that COVID-19 was more deadly, far more deadly, than the Spanish flu. So it would have been truly catastrophic.

Bill Walton: [24:54](#) The Spanish flu guesstimates anywhere from what? 18 million to 50 million people?

Jay Richards: [24:58](#) That's right. 18 to 50 million. And at a time in which there was a much smaller global population. So this would have been truly catastrophic. We now know that that infection fatality rate is something like 0.13% to 0.25%. So at least that Imperial College London model was at least 10 times off. In fact, it estimated

that it was at least 10 times more deadly than it actually is. And so that is part of what kind of set the panic in. The problem was it wasn't really based on any data. It was based on the assumptions that were plugged into the model. And so any policy response, if you think this bug's 10 times more deadly than it is-

- Bill Walton: [25:34](#) Well, we were skeptical about the model in March.
- Jay Richards: [25:36](#) Absolutely. Yeah. I mean, and this is actually what got my coauthors and I on this was looking at the model.
- Bill Walton: [25:43](#) Actually, not skeptical is not right. It's sort of like slack-jawed disbelieving that anybody could think those numbers made any sense.
- Jay Richards: [25:48](#) I know. Well, this is what it actually ... Because, I mean, we went to the Bahamas in early March and we were wiping everything down. We didn't have any information. Right? I didn't know. And then by late March, I thought, "Oh no, this is not going to go well because we're just, we're constructing policy based on complete conjecture."
- Bill Walton: [26:08](#) Well, which was a great time to plug your book, *The Price of Panic: How the Tyranny of Experts Turned the Pandemic into a Catastrophe*. Terrific book. It's something everybody should read. I wish our mayors and our governors would read it.
- Jay Richards: [26:21](#) Oh, absolutely.
- Bill Walton: [26:23](#) So one last question about the hospital workers. They were protected, but I've heard that they're at more at risk or are their death rates higher than the general population? Do we see that they're paying a price in fatalities?
- Jay Richards: [26:39](#) Not that we can tell. In fact, Doug Axe and William Briggs and I actually wrote a piece at *The Stream* about this a few weeks ago, trying to analyze the data we have at the moment. And so far as we can tell, they're more or less track with the general population. So you would expect that they're, of course, at more risk in principle, but they're also taking much greater precautions, extremely onerous precautions. And so that seems to be working if you could sort of control for age group. I wouldn't say they're not at higher risk, it's just that they're taking much greater precautions. And so it's more or less leveling out. But it's not like you see massive deaths and fatalities among people that are in healthcare, just as you don't

see massive deaths and fatalities amongst grocery store workers, for whatever reason. So the people that you think are probably at higher risk than some of us that have digital lives mostly, they don't seem to be fairing any worse.

Bill Walton: [27:34](#)

What about school teachers?

Jay Richards: [27:36](#)

Not that I've been able to see. Now, of course the problem is that school teachers, that's very hard to track because schools are doing all sorts of different things. And so what you need is a state, say, that is demographically identical to another state. One sends all the kids home, one has all the kids in schools. What we do know is that the countries, at least, that have opened up the schools certainly are not doing any worse. We know that, in fact, there's good evidence that asymptomatic kids are probably very unlikely to be carrying or transmitting or spreading the bug. But it's actually, at the moment, we haven't been able to find any data specifically about school teachers just because it's such a mess, even in the US, it changes from city to city.

Bill Walton: [28:18](#)

Well, this may be confirmation bias, but you're really describing something that sounds like a regular cold and flu season. And we've had this massive political reaction to it that's made it a pandemic of fear, which we talked about last time we got together. And that fear is real.

Jay Richards: [28:33](#)

Oh, absolutely. I mean, there are excess deaths. So there's been this debate and there's a piece from a student, a Master's student at Johns Hopkins had a paper and gave a lecture suggesting, I think that she was right that a lot of the coding of deaths is being hidden. So flus, for instance, flu deaths that would have been flu deaths previous years are being counted as COVID deaths this year. But there are definitely excess deaths this year. In other words, more than you would expect statistically. The question is how many of those are COVID-19 related? And how many of those are from the lockdowns? And in fact, the CDC now is describing these excess deaths. They don't give exact numbers, but they are recognizing, "Okay, some of these we can attribute to COVID-19, say from or because of COVID-19, and then you've got these others that are unrelated. And we think at least some of those are almost certainly the result of the lockdowns or missed cancer screenings." Basically, they're the price of the panic itself.

Bill Walton: [29:27](#)

Will we ever know?

Jay Richards: [29:28](#) Yeah, we will. We'll know. Excess death calculations, in order to really know, you got to wait until 2021. And so we'll be able to sift this stuff out. It's just going to be after the fact, unfortunately.

Bill Walton: [29:40](#) Do you have speculation?

Jay Richards: [29:41](#) Yeah. We think that excess deaths from the lockdowns, I'm speaking kind of generally, will probably about equal the deaths from COVID-19. The cost of the response will be as great as the deaths itself. Now, the advocates of lockdowns say, "Well, the deaths would have been much greater if we hadn't locked down." But we give a lot of evidence in the book that that's just not the case. There's no statistical signature of lockdowns actually-

Bill Walton: [30:09](#) Well, didn't you also do a study that compared the lockdown states versus the non-lockdown states and you couldn't find any difference?

Jay Richards: [30:16](#) There is no signal of a lockdown.

Bill Walton: [30:17](#) You looked at 13 states?

Jay Richards: [30:18](#) Basically, all the states that we can track. You've got the case curves, you've got the death and hospitalization curves, you've got the dates when the lockdowns either did or did not happen. You know exactly what you should expect if the lockdowns mattered. Doesn't show up. And it doesn't show up in individual countries either. And so we think the evidence is ... The least that can be said is there is absolutely no empirical evidence that the lockdowns themselves, government imposed lockdowns, make a difference.

Bill Walton: [30:43](#) Now, I belong to a club where I have an indoor court, which is a highly prized thing to have in the winter. And now I've been told by the Montgomery County health officials that we need to wear masks while we're playing tennis indoors. Good idea, bad idea?

Jay Richards: [30:59](#) Well, you don't need them. I mean, you could say maybe it gives your body a little extra stress and maybe that will give you some kind of hermetic response.

Bill Walton: [31:07](#) Yeah, my body does not need extra stress.

Jay Richards: [31:09](#) You need a little hermetic stress, I don't know. I mean, if it's one of these surgical masks, the good news is I've gotten used to working out in these darn things because they really don't filter all that much.

Bill Walton: [31:18](#) Well, they won't let you into the gym.

Jay Richards: [31:19](#) No, but they're not going to let you into the gym. And so you just wear them. And I really, I said, "I'd really like to have a sticker that says, I'm good. I've had COVID-19 so I don't have to wear the mask."

Bill Walton: [31:27](#) I think we ought to start a campaign for that.

Jay Richards: [31:30](#) I know. I used to be like, "Okay, this is the cost of admission. Okay, fine."

Bill Walton: [31:36](#) So where does this all go from here? I mean, where are we? It seems like the lockdown ... I used to think this was related to Donald Trump.

Jay Richards: [31:46](#) Yeah.

Bill Walton: [31:47](#) And it is.

Jay Richards: [31:48](#) Oh, sure.

Bill Walton: [31:48](#) The United States. He has a point of view, we're going to take the opposite view. But New Zealand and Australia have been incredibly ...

Jay Richards: [31:57](#) Draconian.

Bill Walton: [31:58](#) Draconian.

Jay Richards: [31:58](#) Absolutely. Yeah. I think it's a mistake. Americans, we tend to just think about the American context. Working on the book, we had to sort of look at it globally. And we very quickly realized this is a global phenomenon, this is a global pandemic, and it's a global social pandemic. And I mean, we live in a global world in which information can travel from somebody's smartphone in Shanghai to your smartphone in Chicago in a few seconds. And so that's just kind of the reality of the situation. The Anglosphere in general has been very panicked. It's actually countries, with the exception of Sweden, which isn't in the Anglosphere but it's European, did not panic. And then a number of Asian countries that didn't panic.

Bill Walton: [32:37](#) The Anglosphere. English speaking people? We're more panicked than anybody else?

Jay Richards: [32:42](#) Oh, it's just unbelievable.

Bill Walton: [32:44](#) The Italian's go ...

Jay Richards: [32:45](#) Yeah, no, and they had it badly. Yeah, it's very strange. But I mean, New Zealand and the UK and Canada and Australia are perfect examples of just sheer panic, especially in the Antipodes.

Bill Walton: [32:59](#) What about the virus? Or not the virus? We've been talking about the virus. Another V word, the vaccine. Vaccines.

Jay Richards: [33:08](#) Well, so this could be ... I hope that this is a wonderful story of American ingenuity and know-how, that maybe these vaccines, the first two, one from Pfizer, one, I think, from Moderna, will work. I'm not holding my breath simply because, at the moment, the effectiveness of this is based on the company's press releases, which aren't always all that reliable. We've never had an FDA approved vaccine for coronavirus. And so this would be incredible if we were able to develop these in a few months and they actually worked and they didn't have huge unintended consequences. But I'm open to that. It would be wonderful if that was the case.

Bill Walton: [33:48](#) Have you studied the relative effectiveness of different types of vaccines? I mean, on one scale or one end, I think we've got the polio vaccine, which seems to be almost 100%. Smallpox. We do have some vaccines-

Jay Richards: [34:01](#) And those are vaccines for deadly things too. Remember that. So even if there's some risk, you're taking it because you don't want to get polio, you don't want to get smallpox, right?

Bill Walton: [34:01](#) Yeah.

Jay Richards: [34:10](#) But the less deadly a disease is for you, the risk calculation is going to differ. And so it's very hard for me to understand why we would make school-aged children, for instance, take the coronavirus vaccine even if it works, simply because it's so untested. I just think if I were a parent with young children, I would do a different risk calculation for that than I would do for smallpox or for polio. But I'm really, really hopeful that one of these vaccines is going to work and that the really vulnerable

people will be able to get it and it won't have bad side effects. But at the moment, I think that's an open question.

- Bill Walton: [34:47](#) Well, it's going to be political. The vaccines are going to be another sign like masks, I believe. If you take the vaccine, you're a good person. It's virtue signaling. But there's a darker side to it. My fear is we're going to need proof of a vaccine to travel. What is it? One of the Ticketmaster ... Who was it that said they weren't going to let people into an event unless they had proof of a vaccine?
- Jay Richards: [35:14](#) Concerts. Yeah. I mean, that's what is truly worrisome.
- Bill Walton: [35:17](#) Concerts.
- Jay Richards: [35:18](#) Fine. Okay. I won't go to a concert.
- Bill Walton: [35:18](#) All right. Good.
- Jay Richards: [35:18](#) I know.
- Bill Walton: [35:22](#) All right. I won't go to a concert.
- Jay Richards: [35:23](#) No, that would be genuinely terrifying. And that's a different question. About vaccines in general is one thing. Mandated vaccines in which everyone absolutely has to vaccinate themselves and their children, I think that is a different question.
- Bill Walton: [35:36](#) I think the next big policy fight, whether it's policy or not, I think this whole vaccine thing is going to be also extremely divisive.
- Jay Richards: [35:44](#) Oh, absolutely. Yeah, absolutely. And we need to have rational conversations about vaccines. And again, just like in anything, weigh the genuine costs and benefits.
- Bill Walton: [35:53](#) Are you and Bill and Doug also working on something on vaccines?
- Jay Richards: [35:58](#) We've been studying it, but at the moment, the reality is we're at the press conference or the press release stage of this in which we don't have access to the data that these are proprietary sort of technologies by these private companies. They're claiming 90%, 95% effectiveness. I'm moderately skeptical. I hope it's true.

Bill Walton: [36:18](#) Well, I hope you do because I think you and Doug and Bill, I mean, you get three PhDs, you get statistics, we've got economics, philosophy, and-

Jay Richards: [36:29](#) Biology.

Bill Walton: [36:29](#) Biology.

Jay Richards: [36:30](#) Yeah.

Bill Walton: [36:31](#) It's an all-star lineup. And you've done some really good work on it. We need that on those vaccines.

Jay Richards: [36:36](#) Yeah, we're planning to do some analysis on it.

Bill Walton: [36:40](#) One last point about the vaccines. I sort of think the way to get people to take the vaccines is to have a press conference where Donald Trump takes the vaccine. And then in comes Mike Pence and takes the vaccine. And then coming in behind him would be Anthony Fauci.

Jay Richards: [37:01](#) That's a great idea, actually.

Bill Walton: [37:06](#) Think about the uproar. I mean, certain people are going to say, "Trump's taking it and it should go to some nun in Columbus, Indiana." And somebody else is going to say, "Well, he's taking it, but it's not ..." I mean, this whole thing is such a-

Jay Richards: [37:19](#) Oh, it really is. I mean, vaccines shouldn't be political. But viruses shouldn't be political either and here we are.

Bill Walton: [37:26](#) That sounds like a final word until our next one. And don't get virus between ... Don't get something else between this show and our next one. So Jay Richards, he's a author of *The Price of Panic: How the Tyranny of Experts Turned a Pandemic Into a Catastrophe*. Jay is always insightful and bright and I'm thrilled he got through the COVID-19. And it sounds like it's something we can all survive if we take care of ourselves. So thank you.

I hope you enjoyed the conversation. Want more? Click the subscribe button or head over to thebillwaltonshow.com to choose from over 100 episodes. You can also learn more about our guests on our interesting people page. And send us your comments. We read every one and your thoughts help us guide the show. If it's easier for you to listen, check out our podcast page and subscribe there. In return, we'll keep you informed

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