Episode 165: “Just Facts about the Virus” with Jim Agresti

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 (00:23):

Welcome to the Bill Walton Show. I'm Bill Walton. What do you think about this statement? The COVID-19 virus and its variants are pandemics of epic proportions and that they demand the most extreme measures to mitigate, prevent, and to control their spread, including lockdowns, mask mandates, vaccine mandates, social distancing, quarantines, stay in your house mandates, travel restrictions, border controls, contact tracing, and internment camps. And only when they are completely eradicated, will the world be safe. Or this one? Governments have manipulated the Wuhan virus epidemic by turning a manageable healthcare crisis into a major economic and social disaster, an excuse for stripping Americans of their civil liberties and an incitement of mass hysteria. Very different takes, more or less mirroring the political divides we face in today's world. So what's true? I mean, what do the facts show? And joining me to dig into what's true and what's not true about the virus is Jim Agresti, founder of an extraordinary shop, Just Facts, which is a nonprofit institute dedicated to publishing comprehensive, straightforward, and rigorously documented facts about public policy issues. So Jim, you're going to settle the debate today.

Jim Agresti (02:01):

I've been wanting to do that in just about every issue I've ever addressed in my entire life, so thank you for the opportunity.

Bill Walton (02:08):

Let's give it a shot. What do the facts show? Just give us an overview of what you think the virus is, and where we are right now with the variants.

Jim Agresti (02:21):

That's a very broad question. Beyond the obvious of what the virus is, I'd like to say this, the variants that the media and governments have breathlessly portrayed as the end of the world, again, are immunologically unimportant. They do increase transmissibility, but what we've seen all along from the beginning and all the way through which I've done documented with 20 peer review journal articles is that they have a very limited impact on naturally acquired immunity. And the big concern was early on, hey, you're going to get this thing, you're going to get it again and again and again until finally one day it kills you. And the data are simply not pouring in that way.

Bill Walton (03:09):

So this Tom Clancy scary list of the Delta variant and Omicron return from Mars, all these sorts of very scary versions of the virus, you say are just very modest deviations from the initial virus and really are much less lethal.

Jim Agresti (03:30):

Correct. At the beginning of the pandemic, in the very first week of the pandemic, a biomedical journal pointed out an absolutely crucial fact, which is that the SARS-CoV-2 virus, unlike a lot of other RNA viruses, like those that cause the flu and the common cold has a proofreading mechanism in its genetics that limits its mutational capacity. It's not that it doesn't mutate, it just mutates much more slowly than other RNA viruses, which means that the immunity we get from catching it and recovering tends to be long lasting. That is the case with a lot of different viruses that we vaccinate for as children, measles, mumps, rubella, polio, the list goes on and on. It's actually the norm. The flu, for instance, influenza, which people sometimes vaccinate for every year is a very rapidly mutating virus. SARS-CoV-2 is not like that. It's been confirmed time and time again by peer reviewed medical journals. And they use the term proofreading mechanism or proofreading function.

Bill Walton (04:40):

What does that mean? What does that mean?

Jim Agresti (04:42):

When viruses replicate or human beings or any creature reproduces, that's when mutations occur. There's an opportunity for something to go awry in that process and for things to change a little bit. And when there's a proofreading mechanism in genetics, which we have in our bodies, which is why we haven't turned into alien mutants just yet. While the things of comic books are exactly that, they are comic books, lower forms of life often don't have that, but the SARS-CoV-2 virus does have that and it prevents it from mutating too wildly.

Bill Walton (05:23):

But this is different from flus. Don't flus migrate or mutate from year to year, so that's why we need an annual flu shot?

Jim Agresti (05:34):

That's exactly what I'm saying. This is much different from the flu.

Bill Walton (05:38):

So this idea that we've got to get a separate vaccine, if you've been vaccinated for 19, that you need to get one for Delta and now Omicron and what other new ominous name that they come up with? It's really much ado about nothing?

Jim Agresti (05:53):

No, I wouldn't say that because the current crop of COVID-19 vaccines do not replicate the full spectrum of what we get when we have naturally acquired immunity from catching the virus and recovering from it. It's a much broader immunity involving not just antibodies, but B cells, two types of C cells and the vaccines trigger that to some degree, but it's a much more narrower immunity. And studies looking at what happens in your body, looking at the immune response triggered by your body show that. And also it's something that you would know theoretically from understanding the science between how the RNA vaccines work, which is they trigger your body to produce a certain kind of spike protein with two, what they call proline mutations, I don't want to get too technical here, that they try to give it a little bit of breath, like natural variation. But in our bodies, if you catch this, this virus replica millions, billions of times, depending on how long you have it. And each one of those is an opportunity for a mutation, so

you get some mutations and your body builds an appropriate immune response to those unlike the vaccines, the current crop of vaccines, I should say.

Bill Walton (07:15):

Let me get personal. I got COVID-19 about seven and weeks ago, tested positive about a week later, had some symptoms for about a week. They abated and now I'm ... It's not nothing. It's something that's a little bit worse than a flu or a cold, and it seems to last a lot longer, but other than that, it didn't seem to be that severe. Doctor Agresti, does this mean I now don't need to get any more vaccines? What's it mean for people who've had it recovered and have the immunities?

Jim Agresti (07:49):

This doctor says you should consult with a real one.

Bill Walton (07:52):

We'll put a footnote under the-

Jim Agresti (07:54):

By the way, I always get a little cocky and arrogant when I get an email from a doctor that calls me Doctor Agresti after they've read my research and they just, Hey, this guy's got to have a PhD in microbiology or something.

Bill Walton (08:10):

Let me do a quick plug for your website. It's justfacts.com?

Jim Agresti (08:14):

Yes.

Bill Walton (08:15):

Everybody ought to go onto that website. It's an extraordinary trove of information, extremely well researched, extremely documented. And not just about this, there's a show that you and I need to do in the future on monetary policy and fiscal policy, you've done a lot of work on and the depth of which you go into every public policy, or not every, but the ones you've covered so far is really worth everybody's paying some attention to. So I can see why he called you, Doctor Agresti. I may stick with that.

Jim Agresti (08:44):

I've had quite a few of those emails come in that way. And every time it makes me feel good, but anyway.

Bill Walton (08:50):

So my question is, do I need to get another jab?

Jim Agresti (08:54):

It varies depending upon your situation, how old you are, what kind of comorbidities you have. What we learned about the Omicron variant, which is all new at this point, but thus far, even the Pfizer vaccine,

which the government and CDC and Pfizer, and all these people are of saying, well, this Delta variant, it's really getting in the way of what we plan to do here. And by the way, in England, where they keep extremely detailed medical records on everybody, about 60% of COVID deaths in this late summer were COVID Delta, variant deaths were among the fully vaccinated. So it provides them with a convenient excuse to say, well, it was this variant. It's not. And I'll tell you how I know this.

Jim Agresti (09:46):

There were studies done early on one, published in the New England, Journal of Medicine in June 2021 saying that this Pfizer vaccine works well against the Delta variant. I think the efficacy was 88%. Just before we started getting all of these cases of what they call breakthrough infections, which essentially are vaccine failures. It's a nice way of saying the vaccine didn't work. If you remember, it was a big study from the CDC out of Provincetown, Mass. They found this massive outbreak amongst the fully vaccinated. A week before that Joe Biden in prepared remarks said, once you get vaccinated, you're safe. You're safe from Delta. And I can quote a bunch of other early things that happened before all these breakthrough infections.

Bill Walton (10:35):

Well, in that case, it should have been in Dr. Jill Biden. Doctor in education as I recollect. But yeah, I don't take medical advice from him quite that often.

Jim Agresti (10:48):

Yeah. But they prepped remarks. This is something his people, I'm sure the CBC had a hand in it. He had an EPA for there. He had people there. This isn't something that came out of his mouth. This is something he read from a script. And all the way along you're seeing, this works against Delta this well when Delta, and then all of a sudden it stops working as advertised as it was earlier saying, oh, this is it. You're done. You get this, you're done. And all of a sudden they're going, it's Delta, it's Delta. It's not our product. It's not our policies. It's Delta. And really, it is the product and it is the policies.

Bill Walton (11:29):

This is the Bill Walton Show. And I'm here with Dr. Jim Agresti, founder of Just Facts when we're talking about the vaccine and who needs to get them and who doesn't. And Jim, I want to get into the politics of this, but maybe in the last segment, because there is this divide that I highlighted in the opening, but let's get into some of the scientific evidence now about how this spreads. And you've done a lot of work on the fact that this is not spread the way people claimed. And it's really an aerosol-born virus, which really changes all the stuff I mentioned in the list regarding vaccine or mask mandates and on and on and on. What's the truth about how this is spread and how you can prevent its spread?

Jim Agresti (12:19):

So from the outset of the pandemic, the World Health Organization and the CDC claimed that the disease was primarily spread by respiratory droplets. These are relatively large particles that come out of your mouth as you speak, as you cough, as you sneeze. You can actually see them if you're standing in the window where the sunlight is pouring in and you can see what's coming out of your mouth. They're coming out of my mouth right now, as I speak and they're liquid, and they're relatively large. And thus, they quickly fall to the ground. And this was, according to the World Health Organization, the way it spreads primarily.

Bill Walton (12:58):

So a mask would be effective against that kind of spread?

Jim Agresti (13:03):

Extremely effective because it can block those particles and keep them away from others.

Bill Walton (13:13):

I want to show some graphic in a moment, but let's talk about how it is spread and what the size of it is in relation to what the masks can do for us.

Jim Agresti (13:23):

So even before the COVID-19 pandemic, academic journals were publishing studies going back decades saying, hey, it's conventional wisdom that contagious respiratory diseases spread via droplets. But what the actual science showed, not Anthony Fauci saying, I am science, but what actual science is, which is data and evidence and facts showed it is not spread in that manner primarily. It's primarily spread through of aerosols, which are microscopic invisible particles that are light enough to hang in the air for hours and no mask can keep them in. Well, I shouldn't say that no standard mask can keep them in, N-95 can keep them into some degree, but the cloth and surgical mask, the pores in them and the holes around their sides are way too large to contain these microscopic aerosols.

Bill Walton (14:23):

Well, let's take a look at the graphic. We'll put it up, but describe what we're looking at here with the relative size of the virus versus the mesh in the masks.

Jim Agresti (14:36):

So in the middle of the chart is a small circle and that is the size of about 90% of the respiratory aerosols that are emitted from someone who has COVID-19. You'll see on the right side of the chart, you'll see all the sources there. You'll see that's a study of the proceedings of the National Academies of Scientists. And then on the outer perimeter, you first see a circle for a surgical mask getting larger, and that's about 17 times the size of these respiratory aerosols. And that is the finest surgical mask found in a study in an academic journal that long predates the COVID-19 pandemic. See, what you're having right now during the pandemic, is there's a lot going on, people are rushing to find solutions. It's been politicized, as you say. This data predates the pandemic. These were studied on a wide range of surgical masks, and this is what was found. And then that larger circle is from a cloth mask. It's the finest pore in a series of cloth masks that were tested. And that's the size of the pore of the mask. And compare that to the respiratory aerosols, you can see there's no way these are holding in an appreciable amount of these aerosols.

Bill Walton (15:58):

So these little blue masks that we've been inflicting upon us for the last two years, you're saying the mesh in that is a hundred times larger, the gap in it's a hundred times larger than the virus. So what, I think it's a hundred versus to one is that-

Jim Agresti (16:17):

The blue mask, surgical masks, the gap is 17 times.

Bill Walton (16:20):

Okay.

Jim Agresti (16:21):

The pores are 17 times larger. The cloth mask, you're looking at about 80 times larger up to, by the way, the worst cloth mask in this study was 500 times larger. Okay. That's the best I'm showing on that graphic. And also, as we all know, these masks don't fit perfectly. And that's not a big deal if this were spread by droplets, because it comes out of our mouth, it hits the mask and it stops there. But when you get into something that's an aerosol, it can stay airborne for hours. So what'll happen is, it will pour outside the top, bottom, and sides of that mask. And again, I've documented at justfacts.com numerous studies that show this. They're from peer reviewed medical journals. They're not from a politically politicized site. It's really hard data and science that I've got backed up with quotes and links to the primary sources.

Bill Walton (17:17):

Well, you've got a piece on your website called Everything You Wanted to Know About Masks, But Were Afraid to Ask. I didn't read the rest of that, but anyway, it's a terrific article. I will tell people it's 20,000 words and lots and lots of detail, but oh gosh, just a little bit into it, there's the graph where we just looked at, which describes the relative sizes. And somebody made a joke. He said, using these blue masks to keep out the virus is like putting up a chain link fence in your backyard to keep out mosquitoes.

Jim Agresti (17:58):

I think that's an accurate word picture of what we see going on here.

Bill Walton (18:01):

What does work? And I also want to talk about the risks that masks present, but what does work? I think you mentioned something called UV disinfection systems.

Jim Agresti (18:14):

Yeah. So let's back up a little bit, if you don't mind, to your original question.

Bill Walton (18:17):

Take whatever you want.

Jim Agresti (18:19):

What the CDC and the World Health Organization did, so for the better part of the year, they claimed against all evidence that this was spread by respiratory droplets. They also mentioned that touching a contaminated surface with your hand could do it as well. But the primary thing was respiratory droplets. And what the science journals were showing is no, these things fall to the ground too quickly to get into somebody's respiratory tract. You have to be a really close talker, getting really close somebody to get the spit from your mouth into their mouth or into their nose or into their lungs.

Bill Walton (18:55):

That's why it spread so quickly in Italy. Actually, that was Northern Italy. They don't talk that close. Anyway.

Jim Agresti (19:03):

Hey, I'm Northern Italian and I [crosstalk 00:19:05]

Bill Walton (19:10):

So continue. You were-

Jim Agresti (19:13):

It's okay. I lost my train of thought there.

Bill Walton (19:16):

Well, we're talking about the drop spreading and the fact that you can't get it on surfaces. And of course, for the first year, everybody was walking around with these hand sanitizers and every time you touched something, people would be wiping it off. And then I think CDC finally came out, admitted that it doesn't spread on contact on hard surfaces.

Jim Agresti (19:37):

Yeah. Rarely, they said. You can't rule out any of these really from a scientific perspective, but you can say this is a very minor mode of transmission, if at all.

Bill Walton (19:47):

Well, let me insert something I hadn't really thought we'd want to talk about, but it bears on this. It's the precautionary principle. And you know all about this, but in my layman's way of understanding, and it's simply that if there's a risk, if you really want to be safe, you've got to do everything you can to mitigate that risk. And without really balancing the trade offs between the cost of mitigating the risk versus the taking an acceptable risk. And so a lot of what we're seeing with the virus and you've documented is that there very, very tiny percentages or probabilities that something bad can happen, but none of those justifies shutting down society, shutting down the economy. Thoughts?

Jim Agresti (20:36):

It's a simple matter of weighing risk and benefits. It's grade school logic. And it seems to have escaped a lot of the medical establishment, a lot of the government, a lot of the media. But you do have to weigh all of the benefits versus all of the harms. And throughout they've consistently failed to do this. And a number of academics, quite a few now have spoken up saying, Hey, listen, I was an early proponent of the lockdowns, but the way this is panning out here, what I'm seeing, we didn't fail to consider the other side of what would happen if we do this. And it's far, far worse than any lives saved by the lockdowns, if any, because what happens because this virus spreads so rapidly, the minute you end those lockdowns, unless you have immunity, herd immunity, this spreads. Not only that, you can have immunity either via a vaccine or having the disease, which is why I hesitated on your question, but it might not serve you well if your immune system is compromised. People who have serious diseases like cancer and their getting chemo, their immune systems are compromised.

Jim Agresti (21:47):

Our immune systems are compromised by something as simple as a lack of sleep. I've seen a number of people get really bad cases of this, including a good friend who was fully vaxed. And what he did is he burned the candle at both ends. He stayed up a lot. And next thing you know, he was totally wiped out

by this because a vaccine isn't like any antiviral medication or an antibiotic that directly attacks the virus. All it does is prime our immune system to react more quickly when it encounters the virus. And if that immune system is not working properly, it will be ineffective and sometimes useless if your immune system is really weakened.

Bill Walton (22:29):

Well, what do you think about that list of measures that I, that I introduced the show with, lockdowns, mask mandates, social distancing, quarantines, stay in your house mandates, travel restrictions. Does any of that help or are the costs of those things so much higher than the possible benefits?

Jim Agresti (22:51):

Well, we have an article on a homepage of Just Facts called Essential Facts about COVID-19, and it goes into detail and it shows that the costs far outweigh the benefits of these very draconian measures like lockdowns. Each one of, of those things is very complicated, and sometimes it's hard to measure the benefits versus risks because it's not a controlled experiment. But when it comes to lockdowns, the data are crystal clear. Many, many more times people will be killed by those than will be saved. And I use the word will in future tense because some of the harms of the lockdown, in fact, many of them, might not manifest immediately. The virus tends to kill very older people. Well, these things that the lockdown causes like anxiety, missed medical care, unemployment tend to kill people over the long term. So they might take five, 10 years off the backside of somebody's life.

Bill Walton (23:55):

Well, you and I got introduced when we did a show over a year ago, talking about the person or man years life lost from COVID versus the man years life lost from all other causes. Let's fast forward to today. Do you still stand by that, as what's happened in the last year and a half prove that to be still true?

Jim Agresti (24:19):

It's been confirmed time and time again. I've read studies in academic journals and I'm like, this number is exactly the same as the number I calculated back in April or May of-

Bill Walton (24:33):

I think that's when we first talked. Yeah.

Jim Agresti (24:34):

Coming out now, it's like right on the nose. So yeah, I absolutely stand by that and it's what the data has [crosstalk 00:24:43]

Bill Walton (24:43):

It's an extraordinary difference though. I mean, what's the average life and expectancy at birth in America is about 75. And the average age of death of COVID victims was I think average life expectancy at birth is 79. And COVID deaths were at age 75. But if you take a look at mortality tables or life expectancy tables for people who are 65, they're supposed to be living another 15 or 20 years. And in fact, because it disproportionately affects old people, COVID really changes things for them not that much. And by locking everybody else down, it ruins so many years that they have left and the drug

issues, the failure to get heart treatment, diabetes, cancer, so on and so forth, that I think is the cost you're talking about, right?

Jim Agresti (25:40):

Yeah. And it's also then the anxiety that was induced by the constant fear mongering that was done to scare the public into submission. You have an enormous amount of mental health issues, and anxiety is a tremendous killer. And oftentimes it just doesn't happen right away. It might elevate your blood pressure much earlier in life than it otherwise would, which ultimately kills you. Maybe it's 65 when maybe it would've lived to 75. Now I'm saying maybe because I'm using a hypothetical example, but there are hard numbers on this that I've documented in our research. And it's enormous. Depression, all of these things that have come from the fear mongering are harmful to people. So they say, well, we scared them into submission. Well, that's fine. But what did you do also? You might have protected them from spreading COVID temporarily during this lockdown and it came right back the moment the lockdown ended. And so what have you even accomplished here?

Bill Walton (26:44):

Well, I don't want to veer to the political, although I seem to end up there, but FDR said, the only thing we have to fear is fear itself, and that other word for anxiety. And our public leaders have done just the opposite. They've whipped up fear. And instead of leading us out of this, they're leading us into it even deeper. And with each new variant, it looks like we're not going to get released from their mandates. Thoughts?

Jim Agresti (27:18):

Also, it provides a convenient excuse for the failure of their mandates. We still have a tremendous death toll going on in the United States and throughout the world. And we've done everything they've said, right? Masking, vaccines, lockdowns, and we still have this death toll and they can say, well, it wasn't my policy. It was this variant. But again, the of variants are thus far have been immunologically minor. They really have. And study after study, after the study on naturally acquired immunity is showing that, that it can't give you a hundred percent protection because again, all it does is prime your immune system to react quickly. Your immune system doesn't work, you're out of a luck. But that's the same with every disease, but it does provide an enormous level of protection.

Bill Walton (28:15):

Two things. I want to move on from masks, but we did mention something, the UV disinfection systems. What are those?

Jim Agresti (28:22):

Yeah. I wanted to get back to that. So here's the thing, for 80 years, there have been experiments done in a VA hospital. I'm going back to like 1940s, 1950s in a school. And what they show is that when you have a contagious respiratory disease, an outbreak of it and an epidemic or a pandemic, the way you can control it is by irradiating the air with UV light, which is part of the energy spectrum emitted by the sun and it kills the microbes in the air. Because these aerosols are so fine and so, what do you call something when it's all over the place?

Bill Walton (29:11):

Omnipresent. Omnipresent. [crosstalk 00:29:11] How's that? Okay, we get $5 for a big word.

Jim Agresti (29:15):

An institution like a nursing home, you really can't contain them. You have to kill them. And there have been studies done showing point blank, this absolutely kills the microbes. It can reduce transmission to almost nothing. What you have to do when somebody's old and immunologically compromised, you have to prevent that virus from getting to them because their immune system won't work. And what did government do? Particularly New York, New Jersey. They put people that had this virus into these homes together, said mask up, and none of it worked. They died in droves and they're still dying in droves. And this could be prevented with a UV system. There's different types of ones that I go into in my article on masks, but these work. Now this is the really nefarious thing, and this thing gets me so angry. So this past spring, when the CDC and World Health Organization finally came around to admitting, Hey, this thing is often spread by aerosol.

Jim Agresti (30:22):

They both changed within the course of a week their websites on how COVID-19 is transmitted to say, Hey, aerosols are an issue here. No press releases, no announcement. Hey, we got this thing wrong. And this is what they did. They used to have a statement on that page when they were denying the reality of aerosol transmission saying that's very, very rare. It only comes out from certain medical procedures. They had a thing, they said, if this is transmitted via aerosols, we need special engineering controls, IE like UV systems to stop the spread of this.

Bill Walton (30:58):

UV systems. How can we get one? Are they commercial only? Are there retail UV systems we can buy at CVS?

Jim Agresti (31:07):

Can I get to that after I finish this point because I'm almost done when it's super strong. Okay. So they said, Hey, you need these engineering controls. On the day they changed that website to admit aerosols were a big factor, they deleted that statement. That's nefarious. I'm sorry. They admitted they knew you needed controls if you had aerosols and when they finally said, Hey, we have aerosols instead of saying, Hey, we were wrong. We need to do something different now. They deleted the incriminating statement that basically said, Hey, we've been doing this all wrong. We need to do something different. So to your next question, where do we get them? They're mostly commercial.

Bill Walton (31:53):

But I want to linger on that last statement because the CDC seems to be liable here for real malfeasance.

Jim Agresti (32:02):

And the World Health Organization. And not only that, they had the gall, the unmitigated gall to put up another webpage that said, although our understanding of how COVID-19 transmits has changed, we basically don't need to do anything different. Now, their own website said, you do need to do something different and they just disappeared that evidence. And I got, by the way, links to that, to archives of those pages, you can read it. You can see it with your own eyes.

Bill Walton (32:31):

Which article is that in on your website?

Jim Agresti (32:33):

That's in the article on masks.

Bill Walton (32:35):

Okay.

Jim Agresti (32:36):

Everything you wanted to know about masks.

Bill Walton (32:38):

So let's go forward in terms of, you and I talked about this a year and a half ago. We were both skeptical about the overall lethality of the virus and that it was really, if you look at people under the age of 75, it's pretty close to the flu, a bad flu season, but it's not much worse than that. But over 75 into the eighties, it is much more lethal. And we thought we really need to protect those vulnerable people. And what you're saying is that had we gotten that knowledge out about the UV systems and their effectiveness in dealing with aerosols, we could have prevented a lot of deaths in nursing homes.

Jim Agresti (33:17):

There's no question in my mind and we could be preventing a lot of deaths. Now, let me say this. I don't think the break even point on the flu is 75. I think it's more down in the twenties or thirties, but because COVID-19 is so much more transmissible, it gets to a lot more people a lot more quickly. But that aside, absolutely. We could and should easily be saving lives. And they knew that. And yet, instead of taking the responsibility, which is what an honest person would do and say, I screwed up big time here. Let's change course. They didn't.

Bill Walton (33:55):

I keep wanting to find out, I want to run out and buy one of these UV infection systems. Where do we get them?

Jim Agresti (34:03):

Okay. So the really good ones they're called Upper Air Room U vape. They're only really affordable for institutional settings like nursing homes and hospitals. Now, scaling down from that, typically if you have an HVAC system in your house, you might even have one in it right now. I know I have one. I have a relatively new HVAC system and you can get it added at a relatively reasonable cost. You can get one, put it in line. And as the air runs through that system, it gets disinfected by the UV light. Now the problem with that is you only get a certain amount of turnover in an HVAC system over time. So if you're sitting there across the table from someone and you have it, or they have it, odds are that's not going to protect you. There are room units. I have one actually in my dining room, but the data on them is a little less than ideal in terms of how effective they are. But I looked for one that had the most power in it and I ordered one. And when we're done, I'd be happy to send you an email link to the one I have.

Bill Walton (35:11):

Well, I think we need to get it out on our website, yours and mine, because we could make holiday dinners a lot happier this year if we said, buy one of these machines. People are not letting people come to dinner because they're not wearing a mask or they haven't to have the vax or whatever criteria.

Maybe we just convince people that aerosols were the culprit and here's how you kill them. We could make a lot of lives happy.

Jim Agresti (35:39):

Yeah. I mean, again, you got to be careful with these units, because they're not really proven or tested, but the technology is in there. They are moving the air and they are using it, but how effective they are in the real world remains to be determined.

Bill Walton (35:53):

Okay. This is the Bill Walton show. I'm here talking with Jim Agresti, founder of Just Facts and done tremendous work into the realities and details about what the virus is and what the virus isn't. And before we go into another area, we were talking about masks. Masks are not very good for you. They not only don't protect you from the virus, but do a lot of harm.

Jim Agresti (36:19):

Going to qualify that again. I'm a man of details here.

Bill Walton (36:23):

That's why I want you to drop footnotes to my generalizations. I appreciate it.

Jim Agresti (36:28):

N-95 masks are fine enough to protect from the COVID 19, from spreading to some degree. They have to be worn properly. [crosstalk 00:36:40]

Bill Walton (36:39):

Those are the ones with the little knobs on them that surgeons wear in the hospitals?

Jim Agresti (36:45):

No, the surgical masks are the blue ones.

Bill Walton (36:48):

Okay.

Jim Agresti (36:48):

And let me tell you some studies on those, because those were really the start of masking. That's where people primarily use them. They've been used in operating rooms from many, many years because if I'm operating on somebody, if Doctor Agresti is operating on somebody and I'm talking to them and saying, give the scalpels, give me this, give me that, I'm over this person's open wound and I'm I'm spitting into them, so that's what these were developed for. Now, here's the interesting thing. There have been studies done on people who have had surgery with and without the surgeons wearing the mask. And there's no difference in their infection rates. Not only that, they've placed Apgar plates, which is where you culture the viruses, airborne viruses in surgical rooms and they find out whether everybody's wearing a mask or nobody is, the amount of bacteria and microbes floating in the air is exactly the same. They said, well, it's got to be people out in the hallway that are causing the problem. So they masked the

people in the hallway, same exact results. These are not containing microscopic airborne viruses. And it makes sense given the sizes of the pores and the sizes of the aerosol particles.

Bill Walton (38:06):

But you talk also in your piece about the CO2 and some of the risks it has for people inhaling wearing masks particularly when they're exercising and it impairs strategic thinking, complex decision-making. A lot of good reasons to not wear one.

Jim Agresti (38:29):

So there is an enormous amount of research on this in peer review literature, again, predating the COVID-19 pandemic. A lot of it, some of it there's been a renewed focus on it, but a lot of it is even before this. And this is what it shows. We exhale carbon dioxide. It's approximately a hundred times more concentrated than the air we breathe in. When we exhale into a mask, some of it flows out, but some of it is re-breathed. It changes the mixture of the air we're breathing. And you can feel that when you're wearing a mask. You're not inhaling fresh air, it's mixed with your exhalation. And the levels, depending on the type of mask, can be significant. We talked about the N-95 masks. The levels in there, I'm trying to remember the number off the top of my head. I think they're between four to six times OSHA's work shift limit for carbon dioxide in the air.

Jim Agresti (39:28):

Now, going down to the lesser, all the way down to the cloth masks, even in cloth masks, the level is about twice what the governments around the world typically allow for the carbon dioxide level in classrooms. So you have about 400 parts per million in fresh air. The classroom limit typically is around a thousand parts per million. We're up around 2000 parts per million inside of a cloth mask. The kids are breathing all day. There have been several studies done on a cognitive capacity of people wearing such masks, including one done on aircraft pilots. Extremely interesting. They put them in a flight simulator. They put a cloth mask on them, and then they saw how they performed. And there were statistically significant drops in their cognitive capacity, their ability to successfully execute flight maneuvers. Now, this is complex higher level thinking. It doesn't impact lower level thinking two plus two equals four, simple things like we're talking about that. And that's what the CDC shows on its website. No impact, no impact. Well, they are cherry picking the studies that don't really have a mentally demanding tests in them. If you look at the ones that are mentally demanding, you do see drop offs in cognitive capacity.

Bill Walton (40:55):

Well, I don't need any drop off in cognitive capacity. That's why I'm a mask resister. Somebody sent me a video of a group of six year olds having a, they don't call it a Christmas event anymore, they call it winter sharing. Politically correct. And it was like 40 kids. And they're standing on these marks on the floor on the gym floor, socially distanced, of course. And they're all wearing masks and they were singing and dancing. What do you think?

Jim Agresti (41:34):

Okay. Forget about what I think. Let's look at a study here.

Bill Walton (41:37):

Okay.

Jim Agresti (41:38):

So there was a case in California that the CDC did a study on, and it was a teacher, he or she was unvaccinated and came to school symptomatically ill with COVID. Didn't tell anyone, maybe thought, ah, I have a cold, I've had a thousand times before. Let's just call it he for the sake of argument. The name is unknown and the gender. The classroom was set up with the windows open. We're in California here, with everybody masked, with the furthest student 50 plus feet away from the teacher and half the kids or more in that class caught COVID from the teacher. They know because they tested positive shortly thereafter. And it was, let's just call it a small super spreader event. Now, what is the CDC blame on this?

Jim Agresti (42:37):

The teacher took off his mask a couple times to read. See, that's the reason. Not that the kids were all masked, not aerosols, it's the teacher took off his mask a couple times. They even said mask compliance was high. You can't be perfect anywhere. You go on a plane, they take you take it off, eat, drink. So this is the depth of their blindness to see what is going on here, that this is not working. You're getting massive spread here in a situation that if what they were saying was true, you'd have no spread. The kids are masked. The windows are open. Everybody's distanced, yet they're coming down with this. Oh and by the way, the other culprit, oh, it's a Delta variant.

Bill Walton (43:23):

So we're segueing. We've covered about 10% of what I wanted to talk with you about, but that's what always happens with us. But we're segueing into where we are now and the new variant. I want you to go back into what you think about what we ought to think about that and what the next variant might be after Omicron, because we know they'll invent one. And to me, it dovetails into the political agenda or the power agenda that seems to be operating here and CDC, World Health Organization. I do want you to speak to the science on the variance, but I also would love to have your opinion about where you think the motivations are that are driving this misinformation campaign that we've seen for the last two years.

Jim Agresti (44:10):

So beyond what I've already said about the Delta variant and the mutations and the proofreading mechanism, really can't speak much to the Omicron variant because there's not a lot of data out yet. I've read a few working papers, to me, they're less than definitive. So I really can't add substantively to what's going on with that except to say the virus has a proofreading mechanism in it and the mutations, to date, contrary to what the media has told you have been very, very limited. I can say that with assurity. Now, let's get to motivations. And this is a question that inevitably comes up and every time it does, I flinch a little because I'm a fact guy and I know facts. I know how to do research. I'm not really good at mind reading and doing that requires me being Sigmund Freud, getting inside their head and figuring out what's going on.

Jim Agresti (45:09):

So this is all I can tell you. Number one, they have been patently wrong about many important things. We've seen that time and time again, whether it's a death rate, how this thing spreads, the list is on and on and on misstatements by the World Health Organization. By the way, early on, they were going in the opposite direction. They were downplaying how the virus was transmissible. They said, it's about as transmissible as the flu. No, it's not. It's way more transmissible. So they're getting everything wrong. Then they're covering their tracks, like I explained, with the CDC and the aerosol transmission and the

engineering controls. Then you have Facebook, Twitter, all the tech giants saying, if you say something that is at odds with the CDC, the World Health Organization, we're going to censor you.

Jim Agresti (46:00):

Now, this is what Einstein said. He said, science can only flourish in an atmosphere of free speech. And what they're doing is, you're not seeing a flourishing of science, because they're taking away one of the essential elements of it, which is allowing people to argue. Even if somebody's saying something dead wrong, if you start squelching that debate, you don't let them say it, then you also reduce the opportunity for people to reply and say, Hey, this is wrong and this is why. This is how science works. This is how freedom works. This is how good things happen in society because people are free to get information. Look at every totalitarian regime, what do they do? They squash free speech. And what happens, people suffer. And that's one of the things that's going on right now.

Bill Walton (46:50):

Oh, I so agree. And it's not only happening on this topic, but it's happening on so many others. We had a little discussion, story meeting before we came on with you, deciding how we wanted to talk about this without getting canceled by YouTube. I think we may have gotten through the wicked, I'm not sure. But if you can't find us on YouTube, you can find us on Rumble and on our website and Jim will have this on the justfacts.com website.

Bill Walton (47:19):

Jim, this has been a fantastic discussion as always and plan on coming back sometime soon. So we can talk about the next chapter. Just to tease a couple ideas, I also want to get into it with you about money and where we're going to go from there because inflation is real and it's manmade. It's manmade in Washington in part or largely. And you've got some thoughts about that. But at this point, let's settle in on, I think at least from my mind, we've resolved question about masks and the variants. So thank you for that.

Bill Walton (47:55):

Jim Agresti of Just Facts, justfacts.com. This is the Bill Walton Show. And as I mentioned, you can find us on YouTube and Rumble and all the major podcast platforms or wherever you get your audio podcasts. So thanks for joining.

Jim Agresti (48:09):

Thank you, Bill. Great to be with you as always.

Bill Walton (48:12):

I hope you enjoyed the conversation. Want more? Click the subscribe button or head over to the billwaltonshow.com to choose from over a hundred episodes. You can also learn more about our guests on our interesting people page. And send us your comments, we read everyone 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 about what's true, what's right, and what's next. Thanks for joining.