COVID-19 Interviews, Research, and Analysis – Life and Liberty

By. Senior Editor Dr. Anthony Binford Glavey
April 27, 2021

Acknowledgements: Dr. Ramarao Yeleti & Dr. Angus Menuge interviews
Interview with Dr. Menuge by Dr. Daniel Sem

"The political liberty of the subject is a tranquility of mind arising from the opinion each person has of his safety. In order to have this liberty, it is requisite the government be so constituted as one man need not be afraid of another. When the legislative and executive powers are united in the same person, or in the same body of magistrates, there can be no liberty; because apprehensions may arise, lest the same monarch or senate should enact tyrannical laws, to execute them in a tyrannical manner."
Baron de La Brède et de Montesquieu

"If Men were Angels no Government would be necessary."
James Madison

"Remember all men would be tyrants if they could." ***Abigail Madison***

"Men are partial to themselves." ***John Locke***

Introduction

Certainly, many of us have been impacted by the pathology and challenges of COVID-19. In a March 30, 2021 news release, Director-General Dr. Tedros Adhanom Ghebreyesus called for further studies as to the origin of the pathogen. The statement called for the WHO "to identify the zoonotic source of the virus and the route of introduction to the human population, including the possible role of intermediate hosts, including through efforts such as scientific and collaborative field missions." While we do not know where this virus originated, we know it is real. Unfortunately, the statements and arguments surrounding COVID-19 are both confusing and often divisive. This article is an attempt to address several of the questions that show up in countless articles, news networks, and opinion pieces. By conducting original interviews and reviewing legitimate literature, this author hopes to uncover some of the common myths surrounding COVID-19. To further seek clarity, questions will also be addressed from the perspective of liberty concerns – based in part on interviews of Dr. Angus Menuge, chair of Philosophy at Concordia University and an accomplished scholar.

For this article five interviewees were chosen from everyday Americans. The objective was to get the perspective from U.S. citizens to see how they were feeling. Then an interview with Dr. Ramarao Yeleti, Executive Vice President, Community Health Network in Indianapolis took place discussing each of the chosen responses; and, finally, the perspective of Dr. Menuge was considered.

INTERVIEW 1: Chuck, 44 year old male remarked***: "If you notice there are no deaths of the common flu anymore what happened to all those people? Are the numbers simply inflated that could also include common flu deaths?***

In researching the question comparing COVID-19 deaths to flu deaths, many articles and arguments came up. On May 14, 2020 Dr. Jeremy Samuel Faust and Dr. Carlos del Rio in their JAMA article *Assessment of Deaths From COVID-19 and From Seasonal Influenza,* discussed this very notion. Their article stressed concerns with the public and officials that "continue to draw comparisons between seasonal influenza and SARS-CoV-2 mortality, often in an attempt to minimize the effects of the unfolding pandemic."

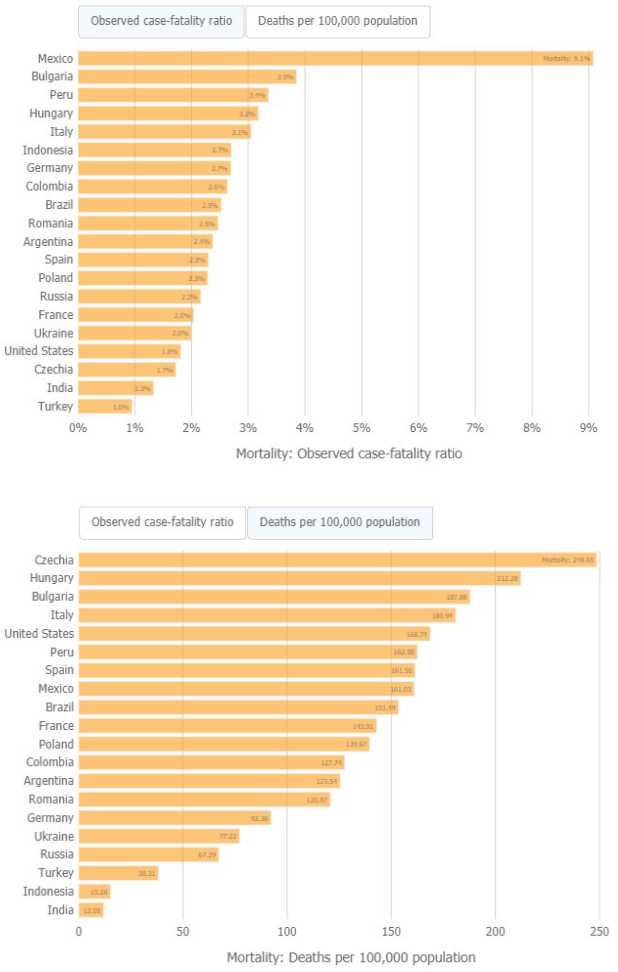
> The root of such incorrect comparisons may be a knowledge gap regarding how seasonal influenza and COVID-19 data are publicly reported. The CDC…presents seasonal influenza morbidity and mortality not as raw counts but as calculated estimates based on submitted International Classification of Diseases codes (Faust & del Rio 2020).

(Armitas 2020, Faust & del Rio 2020) described that the first thing we need to realize is that deaths due to COVID-19 and the flu are not counted in the same way. This means comparing the numbers is not as straightforward as we would like.

> The CDC estimates* that, from **October 1, 2019**, through **April 4, 2020**, there have been: **39,000,000 – 56,000,000** flu **illnesses / 18,000,000 – 26,000,000** flu **medical visits / 410,000 – 740,000** flu **hospitalizations / 24,000 – 62,000** flu **deaths** (2019-2020 U.S.).

As you can see the numbers are simply not as straightforward or counted the same way as they have been with COVID-19. For example, Dr. Yeleti (2021) commented that there is a delay in tracking the common flu and that more data about the deaths and impacts will show up in about a year.

Another alarming figure is the case mortality analyses (2021) of COVID-19 in the US is 1.8%. That is 552,072 dead from the 30,460,342 cases. Certainly not one of the highest ratios like Mexico that is over 9% but the numbers are still very scary as you can see from the two below ***Tables (1 & 2) : Observed Case-fatality ratio & Deaths per 100,000 Population (Mortality Analysis 2021).***



Tables 1&2: Mortality: Observed case-fatality ratio 4/1/2021 – (Mortality analyses 2021) & Table 2: Mortality: Deaths per 100,000 population 4/1/2021 – (Mortality analyses 2021)

But what about the common flu? That seems to be the question we keep hearing over and over from politicians and even Chuck above. The Second (2020) article title, *The US Death Rate From The Coronavirus Is 52 Times Higher Than The Flu*, provides the fact-based conclusion. To answer the question for Chuck even more clearly, the below ***Table 3: Flu vs. COVID-19 death rate by age (Secon, 2020)*** provides a breakdown by age. The common flu still kills, but the percentages are dramatically different from COVID-19, with much higher mortality for older populations that get COVID-19 relative to the common flu.

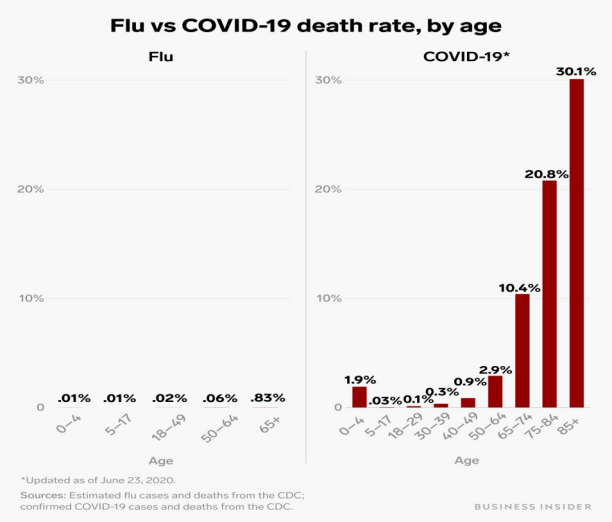


Table 3: Flu vs. COVID-19 death rate by age (Secon, 2020)

Dr. Yeleti (2021) commented that another way to look at it is by understanding how we prevent the common flu; social distancing, hand washing, and staying home. These are the same preventions that are used for preventing the spread of COVID-19. A great example Dr. Yeleti discussed was on another hospital-acquired infection called Clostridium difficile (C. Diff). Dr. Yeleti noted that this infection has seen a dramatic dip simply because staff are washing their hands and using personal protection equipment between patients. In other words, the precautions that we are taking for COVID-19 are making dramatic impacts in other areas.

Dr. Menuge (2021) stated that it is reasonable to believe there were likely false positives for COVID-19 tests, especially early on in the testing. But, the bigger liberty issues pertain to what actions to take based on the data, and to ensure that all reliable scientific studies get discussed, without selectively limiting speech of respected scientists.

INTERVIEW 2: Chris (41) commented that, "***Many who die of COVID actually died from something else, but they are just listed as a COVID death to make it look worse than it really is."***
According to (Overberg et al. 2021) the actual recorded death count from of COVID-19 neared 3 million worldwide. The true extent is actually far worse according to the article and each passing day the number continually grows.

> Less than two-thirds of that surge has been attributed directly to Covid-19. Public-health experts believe that many…of the additional deaths were directly linked to the disease, particularly early in the pandemic when testing was sparse. Some of those excess deaths came from indirect fallout, from health-care disruptions, people avoiding the hospital and other issues (Overberg et al.)

The COVID-19 virus caused approximately 375,000 deaths and was the third leading cause of death in 2020, after heart disease and cancer. COVID-19 deaths in the U.S. now top 550,000 since the start of the pandemic (Johnson 2021).

Dr. Yeleti (2021) gave an example of a patient that had lung cancer that is in a hospital yet dies from a heart attack. Is the cause of death cancer or heart attack? The attending physician is required to list how the patient dies as the most "immediate" or "recent" event that leads to death is listed. The other conditions are then listed sequentially. The last and most remote condition leading to death is listed as the "underlying" cause of death as seen in (Table 4) below instructions for the cause of death from the National Vital Statistics Reports (2021).

Figure 1. Immediate cause, intermediate cause, and underlying cause of death in Part I of the cause-of-death section

CAUSE OF DEATH

Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. Do not enter terminal events such as cardiac arrest or respiratory arrest. Do not use abbreviations.

Approximate interval between onset and death:

Immediate Cause (Final disease or condition resulting in death)
a. Immediate cause
Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **Underlying Cause** (disease or injury that initiated the events resulting in death) last.
b. Intermediate cause
Due to (or as a consequence of):
c. Underlying cause
Due to (or as a consequence of):
d.

Part II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.

NOTE: This figure is a representation of a cause-of-death section in a typical electronic death registry system based on the 2003 U.S. Standard Certificate of Death.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Table 4: National Vital Statistics Reports (2021) – utilized from the CDC

The reality is the numbers we are seeing from COVID -19 do not seem to be "staged" or "inflated." There is certainly a difference in how the numbers are tracked but when you lay it all out side by side the numbers point to the primary cause of death as COVID-19.

Dr. Menuge (2021) mentioned that this issue is one of probabilities, and that since deaths are typically associated with comorbidities, COVID-19 likely increased the probability of dying in many cases. Many of these people may have died anyhow, perhaps in a slightly different timeframe. But again, the main liberty issues pertain to what to do based on knowing COVID-19 increases likelihood of death, to whatever extent.

INTERVIEW 3: Loretta (74) stressed, ***"I would rather me and my son live doing what we want to do, get COVID, take the chance, versus being trapped at home, not living"***

The Pew Research Center performed a survey of Americans over the last year with their reactions to COVID-19 from Kessel et al. (2021) on this very subject.

> The vast majority of Americans (89%) mentioned at least one negative change in their own lives, while a smaller share (though still a 73% majority) mentioned at least one unexpected upside. Most have experienced these negative impacts and silver linings simultaneously: Two-thirds (67%) of Americans mentioned at least one negative and at least one positive change since the pandemic began (Kessel et al. 2021).

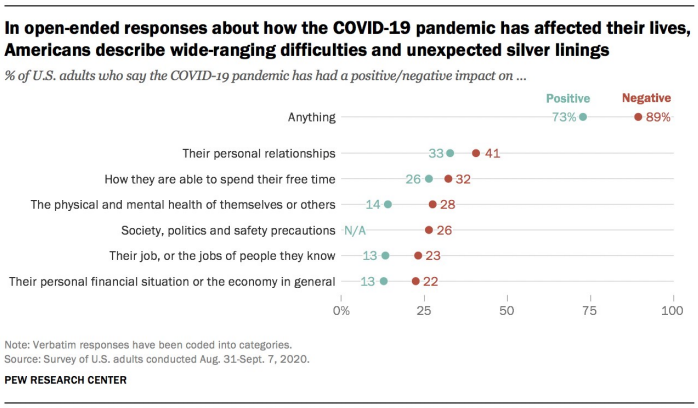


Table 5: PEW Research Survey (Kessel et al. 2021)

We know suicide rates have increased, people have a new way of life, and many are worried if life will ever get back to normal. If you are feeling trapped, worried or concerned be sure to reach out to your local networks as you are not alone. To address Loretta's point, Flaherty & Haslett (2021) described this dichotomy the best:

> It's the million-dollar question everyone is asking about COVID-19: When will life return to normal? And will school be open this fall? The answers are all over the map -- from Texas and Mississippi governors declaring their

> states already open and lifting mask mandates, to health experts warning the virus will always linger (Flaherty & Haslett 2021).

The answer falls somewhere in the middle. Many infectious disease experts agree at least 70-85% of the country needs to become immune to starve the virus (Flaherty & Haslett 2021).

Dr. Yeleti (2021) explained that the question really is about short-term gain over long-term pain. Dr. Yeleti also stressed that somewhere between 10-35% of COVID-19 patients are having severe long-term complications. These are 20 to 40-year old's. The question to Loretta and others is this: do you mind having short-term restrictions versus having long-term complications that are very serious and potentially life long? Dr. Yeleti further commented that in his opinion once you get both vaccines you should have no major issues getting back to a more normal life, and that is just around the corner.

Dr. Menuge (2021) had more to say regarding Loretta's comment, as strong Liberty issues apply here. He noted that there is more to being human than biological health and that focusing only on COVID-19 ignores the impact of social deprivation (especially for example those in nursing homes), increasing teen suicide rates, and general increases in anxiety and depression that can impact other health outcomes as well. He would like to see side-by-side studies that weigh these impacts against those of COVID-19 directly. He wonders if such studies are deprioritized because people do not want to know the answer. He also worries about the constraint on Liberties due to lockdowns that have removed freedom of movement and gathering (i.e. religious), questioning their effectiveness since the spread seems as bad in states that have taken extreme lockdown measures.

INTERVIEW 4: Jeremy (61) ***"If there was such a concern why aren't vaccines available for kids?"***

The good news is, according to Mascarenhas (2021) updated March 31, 2021, "Clinical trial results of Pfizer/BioNTech's Covid-19 vaccine showed its efficacy is 100% and it is well tolerated in youths ages 12 to 15." Pfizer/BioNTech will obviously be submitting the data to the US Food and Drug Administration for expanded emergency use authorization of the two-dose vaccine. The Oxford-AstraZeneca and Johnson & Johnson vaccines are also due to start trials in children soon. The reason that shots are not available for kids is boiled down into four key answers according to Norgrady (2021).

- Children are not yet priorities for vaccination is that they are much less affected by SARS-CoV -2 infection than adults.
- There is also the possibility that children have fewer ACE2 receptors in the cells that line nasal passages, which are the doorways the SARS-CoV-2 viruses uses to gain entry to host cells and infect them.
- Children's apparent resilience to covid-19 makes them a lower priority for vaccination, especially when demand for vaccines far outstrips supply.
- Children also are a challenge in vaccine development—and in any kind of drug development—because they are considered a vulnerable population.

(Table 5) Created using (Norgrady 2021)

The point is that children are not as high a risk to get serious reactions to COVID-19. But further research, especially after the reopening of schools, universities, and colleges, suggests that infection rates are particularly high in young adults (Norgrady 2021).

Dr. Yeleti (2021) stressed that the reduction of deaths was, and still is, the primary focus versus the focus on getting kids back to school. Another thing to consider, as observed by Dr. Yeleti, is that kids are not the ones that are dying. The risk to people under 16 is not the serious concern as compared to reducing deaths especially in older populations. "This may seem harsh, but it is the reality and the focus is about saving lives, not getting kids to school" (Yeleti 2021). What would really help getting kids back to school, and getting back to normal, is getting teachers and more of the population vaccinated as described by Dr. Yeleti.

Dr. Menuge (2021) reiterated the relatively lower risk of COVID-19 for children, and again asks us to be allowed to weigh the benefits and risks – in this case of giving a vaccine that has had little testing on children (so is experimental), to a population that has low risk of harm from COVID-19. Furthermore, the decision not to attend school to protect against harm from COVID-19 must be balanced against the likely harm on children's education and social development – the impacts of which could be felt for years to come. This especially impacts poor and at-risk populations where the home environment is sometimes not as conducive to learning. He would like us to consider input from

development psychologists and the clear recommendation of the American Academy of Pediatrics, which "strongly advocates that all policy considerations for school COVID-19 plans should start with a goal of having students physically present in school" [https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/].

INTERVIEW 5: Jennifer (38) ***"Masks don't work***."

Many articles, including peer-reviewed science, has shown that masks work, but, the issue of requiring masks remains contentious. McKelvey (2020) in her article *Coronavirus: Why are Americans so angry about masks?* really said it best.

> In the midst of the pandemic, a small piece of cloth has incited a nationwide feud about public health, civil liberties, and personal freedom. Some Americans refuse to wear a facial covering out of principle. Others in this country are enraged by the way that people flout the mask mandates (McKelvey 2020).

Many Americans act like their civil liberties are being violated. As stated by McKelvey (2020), the wearing of a mask has been more about political conflict than science.

> The dispute over masks embodies the political dynamics of the campaign. It also reflects a classic American struggle between those who defend public safety and those who believe just as deeply in personal liberty (McKelvey 2020).

As Fox (2020) described the limitations on movement, commerce, and fashion (referring to mask mandates) have been utilized to fight Covid-19,

> …have been decried in some quarters as unprecedented and unconstitutional affronts to liberty…there's nothing unprecedented about restricting freedom in the name of fighting infectious disease. There's nothing unconstitutional either (Fox 2020).

Dr. Yeleti (2021) remarked that one of the big issues that he saw about masks was that in the beginning he and his staff simply did not have enough. They were recycling and doing what they could but many of the front line were getting sick. Once that issue was resolved the infection rates dropped dramatically. As to the notion that masks do not work and civil liberties are somehow being damaged, Dr.Yeleti asked "Why do people cover their face when they sneeze? Does a person do that to protect themselves or others?" Another example he mentioned was drinking. If a person does that at home that is completely fine. If they get in their car it is a different story. We have laws against that because of the *risk it presents to others*. Wearing a mask is the same concept as covering your mouth when you sneeze, or not drinking and driving.

Dr. Menuge (2021) focused less on whether masks worked or not, and more on the Liberty issues of demanding rather than requesting compliance with lockdowns and mask-wearing. He claims the mandates "infantilize people – treat them as if they can't make informed decisions" – and he points us in the direction of a book entitled *The Price of Panic* (Richards et al. 2020). That book begins with a perhaps relevant quote from renowned economist Thomas Sowell:

> *What can we be certain of in history? That human beings have been wrong innumerable times, by vast amounts, and with catastrophic results. Yet today there are still people who think that anyone who disagrees with them must be either bad or not know what he is talking about*.

Conclusion

The current pandemic has created not only a medical crisis, but one might argue, a moral crisis in our nation. The focus of *Quaestus* is about presenting ideas about *Liberty, Virtue and Economics*, from a Christian perspective, to promote human flourishing. Most relevant for this essay is the interface of public health risks presented by the pandemic, supported by science, and the equally human concerns of liberty. Should there ever be constraints on liberty, and if so when and how? Liberty is the state of being free within society from oppressive restrictions imposed by authority on one's way of life, behavior, or political views. It is well known and accepted that in our country, we are blessed to have many liberties. However, what is sometimes overlooked is the responsibility that accompanies freedom.

Dr. Menuge (2021) does not dispute that COVID-19 is causing significant deaths, but he asks us to, consider the Liberty issues associated with mandates, and for individuals to be allowed to weigh benefits and risks of actions such as lockdowns, including the effects of social deprivation and the impact on children who have been kept out of school. Clearly, in the end, we

must balance the desire to protect Life with the need to protect individual Liberty, and perhaps trust that individuals will behave in ways that are compassionate to others. This "compassion" to our neighbor could be forced by an autocratic government, as in China. This could also happen voluntarily if we have a virtuous society, founded in (for example) Christian values, that is also free and allows individuals to flourish.

As it stands today we can watch the world clock of COVID-19 outbreaks, deaths, recoveries throughout the entire world on: https://www.worldometers.info/coronavirus/. As the numbers visibly grow, citizens debate whether they have to wear masks, whether their family can go into a restaurant or gym, or why all students should be in school. While we all enjoy the individual freedom, or the liberty, to hold our chosen beliefs or opinions, we still have a responsibility to all the other citizens who have the exact same rights. Is it possible that we, as Americans, in the attempt to protect our individual rights, have allowed our politics to cloud our responsibility, and ultimately our behavior towards others?

References

2019-2020 U.S. Flu Season: Preliminary In-Season Burden Estimates https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm

Armitage, M. (2020, August 27). How do COVID-19's annual deaths and mortality rate compare to the flu's? Retrieved from https://www.goodrx.com/blog/flu-vs-coronavirus-mortality-and-death-rates-by-year/

Benedictus, L. (2021, March 26). COVID-19: Behind the death toll. Retrieved from https://fullfact.org/health/covid19-behind-the-death-toll/

Faust, J. S., & Rio, C. D. (2020, August 1). Assessment of deaths from COVID-19 and from seasonal influenza. Retrieved from https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2766121

Flaherty, A., & Haslett, C. (2021, March 5). When will life return to normal? COVID experts consider what summer, fall might look like. Retrieved from https://abcnews.go.com/Politics/life-return-normal-covid-experts-summer-fall/story?id=76277557

Fox, J. (2020, July 18). The founding fathers would've been pro-Face mask. Retrieved from https://www.bloomberg.com/opinion/articles/2020-07-18/covid-19-quarantines-are-part-of-america-s-disease-fighting-story?utm_source=url_link

Johnson, C. (2021, March 31). COVID-19 pushed total US deaths beyond 3.3 million last year. Retrieved from https://abcnews.go.com/Health/wireStory/covid-19-pushed-total-us-deaths-33-million-76790621

Kessel, P. V., Baronavski, C., Scheller, A., & Smith, A. (2021, March 17). How the COVID-19 pandemic has changed Americans' personal lives. Retrieved from https://www.pewresearch.org/2021/03/05/in-their-own-words-americans-describe-the-struggles-and-silver-linings-of-the-covid-19-pandemic/

Kulldorff, M., Gupta, S., & Bhattacharya, J. (2020, October 28). Great Barrington declaration. Retrieved from https://gbdeclaration.org/

Mascarenhas, L. (2021, March 31). Pfizer/BioNTech says its COVID-19 vaccine is 100% effective and well tolerated in adolescents. Retrieved from https://www.cnn.com/2021/03/31/health/pfizer-vaccine-adolescent-trial-results/index.html

Merriam Webster. (2021, April 4). Definition of liberty. Retrieved from https://www.merriam-webster.com/dictionary/liberty

Menuge (2021). Interviews with Professor Angus Menuge, Ph.D. Professor of Philosophy and Computer Science Concordia Wisconsin

McKelvey, T. (2020, July 20). Why are Americans so angry about masks? Retrieved from https://www.bbc.com/news/world-us-canada-53477121

Mortality analyses. (2021, April 1). Retrieved from https://coronavirus.jhu.edu/data/mortality

References

Overberg, P., Kamp, J., Michaels, D., & Huth, L. (2021, January 14). The COVID-19 death toll is even worse than it looks. Retrieved from https://www.wsj.com/articles/the-covid-19-death-toll-is-even-worse-than-it-looks-11610636840

Press release WHO - https://www.who.int/news/item/30-03-2021-who-calls-for-further-studies-data-on-origin-of-sars-cov-2-virus-reiterates-that-all-hypotheses-remain-open

Richards, J. W., Briggs, W. M., & Axe, D. (2020). *The price of panic: How the tyranny of experts turned a pandemic into a catastrophe*. Simon & Schuster.

Secon, H. (2020, June 23). The US death rate from the coronavirus is 52 times higher than the flu. Retrieved from https://www.sciencealert.com/the-us-death-rate-for-covid-19-is-50-times-higher-than-the-flu

Yaleti, R. (2021). Interviews with Dr. Ramarao Yeleti, Executive Vice President, Community Health Network Indianapolis