



COVID-19 and Big Science: When the Cure is Worse than the Disease

Remember when we were going to shut stores, schools, retail establishments and churches down for two weeks to flatten the curve? We are now in our eighth month of varying lockdowns with no clear path forward. Confusion persists on how we will live with COVID-19 and on effective mitigation strategies, medical protocols, and vaccines.

COVID-19 for most Americans came out of nowhere. I was on a plane for a work conference in February and only some were wearing masks, the virus had struck Italy, and we believed it had come from China, but American life was humming along normally. On March 12th, I received a text from school alerting us that “out of an abundance of caution” they would be closed for two weeks. My children and most others never went back for their last quarter in the spring of 2020. The college students whom I teach were evacuated within a week. The pressure was on to get home and stay home.

Eight months later most American primary school students are distance-learning. Many college campuses have either hybrid programs or have committed to comprehensive distance learning for the first semester. Some churches have resumed in-person services with protocols in place, but many remain online. Weddings, funerals, and baptisms have either been put on hold or have been made entirely private. St. Ambrose church even used a [squirt gun full of holy water](#) to bless Easter Baskets in a drive through ceremony.

In the first half of the first quarter of 2020, American unemployment was at a [50 year low](#) at 3.5% and we were celebrating record lows in unemployment among minorities, [including Black and Hispanic Americans](#). Real gains which were long overdue were erased in just two months. By April, Americans experienced a record [14.7%](#) unemployment rate, which exceeds Great Recession levels. The economy came to a screeching halt and that is not where the problem stops. Civil society, self-determination, and religious freedom have taken a trouncing. These are costs we are not counting. Some jobs have returned, but not all, and Americans who comprise the economy, suffer.

We are cut off from our former way of life—for those who have retained or regained their jobs—we do much in physical isolation. We worship from home, we get married with dashed expectations about the celebration, and many religious gatherings are postponed. The family, the community, and the church are the spine of civil society. When these institutions are violated, self-determination, social generosity and the common good are weakened. Moreover, individual freedom and self-determination are the solutions to crises, not the cause of them. If we want to come out of COVID-19 with community resolve and innovation which will help us overcome the virus, we must bolster both faith and freedom.

Big Data, Big Science, and Fear

The COVID-19 lockdowns are influenced by scientists who create models which attempt to provide “if this, then that” predictions. If we lock down businesses, then people will shop online. If we close churches, then people will worship virtually. If we prohibit funerals, then people will stay home. Some of these claims are reasonable and correct. But scientific models, while they do serve an important purpose, are limited by what assumptions the scientists make and how the policymakers respond.

Nobel laureate economist, F.A. Hayek in his groundbreaking 1945 essay, “The Use of Knowledge in Society” warned about the dangers of scientism. The world was a different place in 1945 but the truths of economics remain relevant today. Hayek was worried about the attempts to “rebuild Europe” after the war, and the establishment of global bureaucracies such as the World Bank and the World Health Organization. These organizations may have the best of intentions: to solve global health and economic crises, but they are necessarily limited in their form and thus their function. They are global directorates, with budgets larger than some countries, run by technocrats who attempt to engineer solutions to complex social problems.

The reason that this top-down bureaucratic management does not work is because the knowledge we need to plan is local, held by individuals. Hayek’s point, which won him Nobel attention, was that there is no such thing as a centralized repository of knowledge from which epidemiologists or policy makers or anyone else “in charge” can pull any required “data” at any time and then, poof, solve societal problems. He further warned that we must treat economic problems differently from scientific problems. Truer words have not been spoken regarding how we should think about the COVID-19 pandemic. Successfully containing COVID-19 is a problem that both requires scientific knowledge *and* economic thinking.

Policymakers have either rejected the warnings of Hayek, because they are under immense political pressure to “do something,” or they never learned the economic way of thinking. We need epidemiologists and virologists to better understand the pathology of the virus, and to research treatments and vaccines. However, the models they use are only as good as the model architecture. Garbage in—garbage out. These models are devoid of the [facts of the social sciences](#). We are not solely dealing with a virus but with its hosts: people. That must be accounted for in our models. Economics is the science of human action based on the subjective nature of choice and preferences which occur under the conditions of scarcity and radical uncertainty. Thus, perfectly predictable human behavior is impossible to know.

The epidemiological models import the assumptions about policy efficacy into the model, including the assumption that lockdowns work! This should justifiably make one question how and epidemiologist would or could know that prior to testing it. Lockdowns only work if everyone follows the lockdown, and even so, Sweden gives us some evidence that perhaps lockdowns work to keep people inside, but there are alternatives to lockdowns that are far less costly, suggesting that the cost-benefit analysis of lockdowns is dubious. The case of Sweden

has [sparked much debate](#). Moreover, the models assume only the benefits of lockdowns and not the costs. Economists never do “benefit analysis.” We engage in complex cost-benefit analysis which is necessitated by the recognition that we live in a world of scarcity with ever-present tradeoffs. The economist must ask “at what cost” and the mainstream epidemiological models have not accurately assessed the potential costs. In this case, the cure may be worse than the disease.

Epidemiologists and the White House worked hard and fast to determine the severity of the spread and the response. Ascertaining what needed to be done and what could be done is necessary. The problem is the “Big Science” response. We live in a world of “Big Data” where we are continually duped into thinking that large and sophisticated models can predict the future for us. There is no doubt that big data can be very useful, but Hayek’s warning remains: we cannot use big data to perfectly predict outcomes under varying conditions when the agents are human beings. As [Peter Earle and Phil Magness](#) point out with respect to model simulations, we don’t know all the inputs and thus the prediction of the model falls short. Big Science suffers the same problems of Big Data: we are dealing with living breathing human beings not automatons.

On March 16, 2020, the Imperial College of London (ICL) led by Neil Ferguson, released a study suggesting that with no mitigation strategy, up to 2.2 million US citizens could die. This is an alarming number, if true. Clearly something needed to be done in early March. But what? Again, where models fail most often is in their assumptions and hence their reliability. The ICL model is an agent-based simulation which is used to ascertain how fast the virus will spread. [Magness points out](#) that implicit in the model’s assumption is that wide-scale lockdowns work but that there is little testing to determine whether that assumption is accurate.

Ferguson developed these models in the early 2000’s and they now represent the mainstream response to COVID-19. Moreover, the ICL model [failed to model](#) transmission in residential facilities like nursing homes and prisons. Ironically, nursing homes represent [40% of all US COVID-19 deaths](#) with 77,000 deaths and 479,000 cases. So the primary model policy makers are using makes assumptions that country-wide lockdown mandates work (and does nothing to measure their cost) and fails to include transmission in residential facilities which turns out to be one of the most critical elements of the transmission and death rates due to COVID-19.

This gets us back to elementary economics: people respond to incentives and we must treat them as unique individuals. Not all people will obey lockdown orders and thus mandatory lockdowns will not reach their desired results. The elderly and those [with other risk factors](#) such as heart disease, cancer, obesity, and diabetes are much higher risk and both benefit others and themselves with voluntary quarantine. In the ultimate stroke of irony, Neil Ferguson, the primary author of the ICL study [broke quarantine](#) to spend time with his married girlfriend; he then resigned. Perhaps lockdowns do not really work but rather give policymakers a false sense of security, pit neighbor against neighbor, and wreak havoc on civil society.

On March 24th, the ICL [released Report 11](#) which suggested that with “very strict social distancing” China had made progress in COVID-19 containment. This [report influenced President Trump](#) and Dr. Fauci in their decision to encourage the country’s lockdown. By March 29th President Trump announced “30 Days to Slow the Spread” which was an extension of his “15 Days to Slow the Spread” announced on March 16th. The new initiative included recommendations of gatherings no more than ten people.

On March 20 the [New York Times presents a model based on research at Columbia University](#) which studies how under different restrictions the virus would spread across the US. Under the “no transmission reduction” scenario, meaning we do nothing to contain the virus, the model suggests that the infection rate would be greater than 65 percent in every county and in many counties it would be higher than 90 percent. [As Robert Wright points out](#), the number of uninfected people slows down as the number of infected people increases which naturally slows the spread of the disease. He additionally points out that the country level predictions are doubtful—rural South Dakota will have a far different spread rate than dense Manhattan. Diseases have natural stops which this model excludes and hence it greatly overestimates the problem. These alarmist claims seem hyperbolic, yet they succeed in making us afraid and, in turn, making politicians afraid of doing too little.

Another study from the Institute for Health Metrics and Evaluation (IHME) at the University of Washington, [released a report in early March](#), now [highly criticized for its methodology](#). Some scientists suggest this model has no basis in epidemiology but it has influenced Trump and the Fauci team both on lockdown strategy and re-opening strategy. On March 31st President Trump and Dr. Birx [gave a briefing](#) with a graphic image highlighting the IHME model. The data from this model go so far as to [suggest shelter-in-place until a vaccine is available](#).

There are political incentives on either side to both downplay and overstate the threat of the virus. If you believe that the state is the only instrument we can use to combat the virus, there is an incentive to overstate the death and case projections. Overstating the threat will give more power to state, local and federal policymakers to “do something.” If you worry about the state actions which necessarily take away personal liberty and freedom to slow the spread of the virus, you may look to data that downplays the threat of the virus. Scientists receive great accolade and professional gravitas when their models influence policy. In all directions COVID-19 has demonstrated that the data gets manipulated for political purposes. Scientists should not make policy nor should they import untested policy measures such as closed schools into their models which are then adopted by politicians. Economists do cost-benefit analysis and always ask: at what cost? Scientists are not trained to assess the costs of policy decisions. Thus, the other dubious outcome of the COVID-19 pandemic has been moved goalposts and changed narratives.

The Timeline and The Changing Narrative

Walking through the chain of key events helps us understand how the virus spread, how our information changed, and what policy measures were taken. The timeline is focused on the

beginning of 2020 and runs through May when most of the state lockdowns occurred and as the scientific recommendations were rapidly unfolding.

January 21st marks the first confirmed case in the US and by January 30th the WHO declares a public health emergency of international concern. President Trump addresses the virus in his State of the Union address and in early February the FDA issues an emergency authorization for the CDC's test which by February 12th is said to give inconclusive results. By February 13th the CDC asserts that it will become a community virus and remain beyond the season, there are 15 cases in the US. By February 15th, the WHO says COVID-19 has pandemic potential and by February 21st US confirmed cases reach 34. Through February the State Department issues travel advisories for South Korea, Japan, Iran, and Italy. San Francisco, California declares at state of emergency on February 25th and more states will follow through March.

In early March state closings and CDC recommendations continue furiously. The [House passes an \\$8.3 billion emergency bill](#) and by March 8th there are 500 cases in the US. Around this time the CDC warns that those over 60 should stay indoors. By the second week in March COVID-19 is moving quickly and New York, which would come to be the epicenter of the virus, declares a state of emergency, starts [using prison labor to produce hand sanitizer](#), and closes UN headquarters. The CDC has completed 5861 tests and the White House is engaging [in regular task force briefings](#) and on March 9th recommends "social distancing." That same day the WHO reports that 70% of coronavirus cases in China have recovered. Perhaps this is where the narrative could have changed. The virus hit China earlier, but this information should have informed the models and the policymakers. The same day, Italy began a nationwide lockdown and by March 10th twenty-four states have issued state of emergency declarations.

On March 11th, the WHO declares a pandemic and Trump declares a state of emergency on March 13th. Through March states continue to ban gatherings, first over 500, then over 250, and then over 10 people. Public schools, private schools, churches begin to close and elective surgeries get cancelled. States prohibit eating and drinking in restaurants and some states postpone primary elections. Retail establishments deemed "non-essential" close. New York opens drive through testing centers and on March 13th, the House reaches a deal to pass Families First Coronavirus Response Act. On March 14th New York reports the first Coronavirus death and there are 2750 total cases in the US. By March 15th, 29 states have closed schools and Mayor de Blasio orders all hospitals to cancel elective surgeries.

On March 16th, [Trump](#) and the CDC issue the "15 Days to Slow the Spread" guidance. They encourage social distancing, staying home, and limiting gatherings to less than 10 people. Several European countries close their borders to non-citizens and residents. San Francisco and Georgia temporarily close and there are over 4000 cases in the US. This same day the Imperial College London under scientist Neil Ferguson [release study suggesting up to 2.2 million US deaths](#) if no mitigation strategy is pursued. This model will influence the policies of Boris Johnson and the White House. By March 18th Trumps signs [Families First Coronavirus Response Act](#).

Through the next week of March, the US Department of State issues a level 4 travel advisory, Trump enacts the Defense Production Act for the production of medical supplies by March 20th the CDC reports more than 18,000 US cases. On March 23rd, the CDC announces the pandemic is accelerating and more states issue “stay at home orders.” My March 24th, US cases reach 50,000 and the National Guard is enacted in all 50 states. The same day the Imperial College London [releases Report 11](#) with strict social distancing recommendations. The next two days the WHO announces a shortage of medical supplies and the Senate passes a \$2 trillion stimulus bill. By March 29th Trump [extends](#) the “15 Days to Slow the Spread” order until April 30th. Two days later, Trump [renames order](#) to “30 Days to Slow the Spread” and the Fauci/Birx team [present the IHME model](#).

By early April the White House encourages mask wearing by the public, Trump [endorses Hydroxychloroquine](#) as a treatment for Coronavirus and the CDC begins testing for blood immunity. By April 10th, New York [reports more cases than any country in the world](#). On April 16th, Trump [discusses reopening plan](#). Allowing governors to open states at their discretion or county-by-county. Americans begin protesting lockdown orders and mask mandates. By mid-May and through June countries around the world start reopening, including houses of worship but in early June the WHO warns the pandemic is far from over. In June, new models predict the virus death toll will continue to rise in September and later months. Through the summer states begins to slowly reopen.

Clearly, COVID-19 hit us fast and hard. Mistakes are bound to occur when you are dealing with novel virus which imposes externalities, but those mistakes have been exacerbated. The role of experts has been conflicting and often hostile. For starters, [China covered up the virus](#) outbreak early on and we do not know much about elusive Coronaviruses in general. President Trump has persistently been blamed for “lack of leadership” including [reducing the number of CDC scientists in China since 2017](#). The problem with this thinking is that its convoluted. Could Trump have made better decisions? Absolutely. So could have the WHO and the CDC and the White House task force, all of which are politicized organizations. But the bigger problem is that we tend to see government as both the problem and the solution. Those who hate Trump hate everything he does and his response to COVID-19 is no exception. It gives the haters a reason to dig in their heels. Those who love Trump will die on this hill to defend his response. As we head into a presidential election, we are hearing that Trump is responsible for 200,000 deaths. But do we even have a metric by which to assess this? Some people were bound to die from this virus and that is tragic because life is precious. How much did Trump worsen the death toll, do we have an effective way to assess that? It is not clear that we do. The death toll could be worse, and it could be better, but by how much and at what cost. And if anyone other than Trump was in office, can we know what the alternative outcome would be? No.

But the bigger questions are these: would more bureaucrats in China have helped? This is hardly a given. Would an earlier lockdown, which would have caused more economic harm, have been better or worse? What if we took the Sweden route and skipped the lockdowns and worked on protecting the vulnerable? Seeking government as the primary solution to any crisis is in and of itself both an intellectual and moral problem. Government has no magic wand. The

answer to a crisis or any other social problem is often viewed within the lens of “getting the right people in office” when it should be viewed in terms of capabilities and constraints. What can the state do effectively versus what can the market do, and what can civil society do? And we should always ask, is each of those institutional environments poised to problem-solve? The best steps forward are to do better cost-benefit analysis and allow people to find creative solutions.

In early March we talked about “flattening the curve” by shutting down businesses, schools, and churches for two weeks. The original goal was to not overload hospitals. By the end of March, the WHO warned of limited PPE supplies and the [CDC erroneously told hospital nurses to wear scarves](#) on their faces! We started out with the goal of not overwhelming hospitals which have fixed short term supplies of ventilators. Remember when the U.S.N.S. Comfort sailed into New York City to provide extra hospital space for NYC which was under the siege of COVID-19? The ship with 1000 beds [only treated 182 patients](#) and left in late April.

We then moved from a two-week shut down to all-out shutdowns, banning gatherings over 10, and “Thirty Days to Slow the Spread.” By April 6, 44 states had issued stay-at-home orders. Five states – Arkansas, Iowa, Nebraska, North Dakota, and Wyoming - [never issued official orders](#), but closed businesses, houses of worship, and parks. The Big Science models influenced both the White House COVID-19 task force and state and local governments. The near universal response was mandated shutdowns and some states have yet to fully reopen. Moreover, the narrative about what those shutdowns were attempting to do has constantly changed. First it was to slow the spread with a two-week shutdown, then a 30-day shut down. We now are talking about when and if a successful vaccine or treatment plan will be widely available. Moving the goalposts in this fashion has protracted the shutdowns and the cost has been personal liberty, religious freedom, and a thriving civil society.

There is also a distinct difference between deaths and cases. At the onset of the pandemic we did not understand who would be most vulnerable and there was a great deal of conflicting information. We also did not have enough tests to determine the [actual infection fatality rate](#). What we have learned though should change our policy. Long-term medical care facilities, such as nursing homes, which house 1.7% of the US population are where most of the COVID-19 deaths occur. For the rest of the population, [the COVID-19 death rate is 0.022%](#). COVID-19 while contagious is [far less deadly than originally thought](#). This information should inform new policy that both increases the effectiveness of a) disease containment and b) death prevention and it does not require shutting down the economy and community life which bring costs that outweigh the benefits.

Today most US primary school children are practicing “distance learning” and many Americans have not set foot in their church since early March. There is debate about whether we should have a [second lockdown](#) until there is a vaccine or to combat a rise in cases. The WHO warned a second wave of lockdowns was possible in July and [Dr. Fauci as recently as August has suggested](#) the US can avoid a systematic lockdown if precautionary measures including masks and social distancing are followed. We have argued about which medications help or do not,

see the [Hydroxychloroquine debate](#). If a vaccine does become available in 2020 it will not be well-tested by the time it comes to market. It is likely that the narrative will continue to shift. Perhaps the new goalpost will be change to having a vaccine with long-term testing. The blue-red political divide is also the divide between whether we open or whether we double down on lockdowns. COVID-19 has been politicized. One wonders if Biden wins the election, will everything be ok on November 4th? Politics is nasty and it is causing a COVID culture war. And politicians never waste a crisis.

The Social Costs of the Lockdowns

We are all painfully aware of the economic costs of the lockdowns: high unemployment, stalled economic growth, closed businesses, and dismay about the future. There are other costs to our pandemic response that are worth understanding and reversing. By shutting down businesses, even temporarily, we have ignited a debate over what is essential and what is not. Grocery stores are essential but physical church attendance is not. This arbitrary line that may be done with the best of intentions, creates harmful costs to families and civil society. Yes, we need to eat and so grocery stores must remain open as safely as possible. But [45% of Americans attend church either weekly or once per month](#), and that opportunity has been taken from them, and we do not know for how long. Most churches have moved online, so attending the service is still possible, but not the same. Moreover, there are mental health costs that are often downplayed. Children are schooling at home with parents who are trying to work. People live in fear of each other and wrestle with questions of whether they should interact with other family members. Zoom is the new space where we all try to connect either with co-workers, family, or friends. We are human beings living as robots and it leaves us wanting. We must take precautions to protect others and ourselves from the virus, but we must not dismantle family life and community spirit in the process. That would be a cost far too high.

People live in a state of constant confusion buttressed by biased media reporting and hyperbolic fearmongering. In the spring, it was unclear whether it was acceptable to go on a walk with a friend even if said person was six feet apart. Neighbors ratted on neighbors and spread gossip about who was following the rules, when the rules themselves were unclear and constantly changing. And this was politically encouraged in some cases. Mayor de Blasio went so far as [to set up a text line](#) where you could snitch on people who were violating social distancing protocols. He encouraged them to snap a picture and text it in! We are on the edge of dystopian nightmare characterized by snitching and distrust.

In April, protestors stood outside the Michigan courthouse in objection to the [draconian measures that Governor Whitmer enacted](#), which included prohibiting commercial lawn mowing! Those protestors were deemed reckless misanthropes. Yet, the protestors who have (rightly!) demanded an end to racial discrimination and police brutality faced no media criticism for violating social distancing rules. Which is it? Are protests ok or not? The Sturgis Rally in Minnesota was reported to have caused 250,000 COVID cases, yet none tied to protests in Minnesota. Either standing together during a protest or rally (for some period over 15 minutes) spreads the virus or it doesn't. This is an empirical question and one to which we should seek

the answer. It should not matter what the reason for the gathering is. And yet, it does. And this exacerbates tribalism and populism, and all of this during a hotly contested presidential election year. The culture of fearing our neighbor and punishing them, grows.

Distrust is exacerbated when religious offerings are restricted. Church and religious communities are where people find solace and comfort. This too has been interrupted. Most states have allowed some religious exemptions for houses of worship. Ten states have completely ruled out religious gatherings (Washington, California, Alaska, Idaho, Montana, Minnesota, Illinois, New York, New Jersey, and Vermont), most churches have complied and moved worship services online but some have defied the orders and [filed lawsuits in federal courts](#) against the orders. Fifteen states have no limitations on religious gatherings other than advising social distancing measures. Americans here too are [divided along party lines](#) on restricting religious gatherings.

State orders regarding COVID-19 restrictions creates [tension between local and state governments and religious institutions](#). Despite stay-at-home orders, some churches in Maryland and Louisiana have continued to hold in person worship which has caused clashes with law enforcement. One pastor in Florida was arrested for defying orders. The governor of Florida [later exempted churches](#) and overruled any local ordinances. Most states recommend that services be limited to 10 or fewer people and be broadcast online. Many church pastors are worried about the constitutionality of local and state orders and have sought legal representation. Government officials including Mike Pence and Sam Brownback in the Spring encouraged churches to limit services to 10 people and for congregants to stay home.

Pastors around the country have filed lawsuits against state and local governments claiming that COVID-19 restrictions are a violation of their first amendment rights. The lawsuits range from California to Kentucky to Mississippi. Some states and attorneys argue that the actions of the governments were reasonable to protect public health. The argument goes: some things cannot be done strictly online, like buying groceries or taking medicine, but some things, like church services, can be done strictly digitally. This poses a new problem for those in rural areas or without internet access who are unable to watch the streamed services. There are egalitarian considerations here.

Pastors argued that if [“Beer is ‘essential,’ so is Easter.”](#) Roughly 1200 pastors in California signed a pact to hold in person services on Pentecost Sunday, whether the governor approved or not. [Attorney General Barr defended](#) a church in Mississippi that was not allowed to hold even drive-in services. Donald Trump ordered governors to allow churches to reopen. [Pastors are frustrated](#) because churches are lumped into opening schedules with gyms, bowling allies, and movie theaters as if they are not essential or just forms of entertainment. Rabbis in New York city who came under fire for a funeral where too many people showed up criticized Mayor de Blasio, who showed up in person to disperse the group, for his generalizations of the Jewish community. The [Justice Department has been involved](#) in decisions about what churches and religious communities are allowed to do.

This is the consequence of letting the state, rather than the market, determine what is “essential” and what is not. It also precludes the emergence of workable alternatives. None of this is to suggest that churches should not maintain strict protocols which would include masks, social distancing, no singing, and one way in, one-way-out protocols, but it can be done. Economists always look at alternative institutional arrangements for solutions to problems. Using the state as a monolithic blunt instrument to shut churches and schools down prohibits innovation and entrepreneurship when we most need it. Moreover, this debate has been highly politicized. As schools were debating whether to return to a hybrid distance-learning/in-person model for the fall, in August, Montgomery County, [Maryland Public Health officer issued an order prohibiting private schools from offering in-person learning](#). Clearly a violation of the First Amendment. This decision was made while Montgomery County Public Schools were grappling with whether to allow public schools to offer a hybrid model, which they later decided against. This could easily be a political tactic to protect public schools from private school competition. It is very unlikely that it was truly done to protect children and teachers, which was the narrative. [Governor Hogan overturned this order](#), but the writing is on the wall—the fight is political.

A Better Way Forward

During a crisis, we must discover workarounds, new ways of doing things. These are discovered through individual human creativity. The drive by church service is a creative alternative that mitigates risk. The option to send your children to smaller, private schools is also a workaround. The more we lock everything down, the less creative innovation will result. The lawsuits that are being filed by churches and religious organizations will test the Constitutional limits of restricting speech and association. We need people to unleash their creative energy to figure out how we can live with this virus, because it isn’t going to go away, we have to learn to live with it and that takes human ingenuity. We need a culture of courage rather than fear, of love for rather than skepticism of our neighbor. This is how communities rise out of crisis. We must depoliticize the virus, we must trust that even though we may disagree about politics, we can all agree that we want to flourish.

We must start with ourselves for this cultural change to occur. Let us now and forevermore dispense of the noxious term “social distancing.” We are human beings and we are entirely social. Another aspect of sound economic thinking which leads to sound action and policy is to recognize the truths of human nature—we are profoundly social, and we need each other. We cannot thrive alone; this pandemic has confirmed that. We may need to be physically distant for periods of time, but socially distant—never. We need to find local and community solutions and not villainize people who make different choices. If you do not want to go to church because it exceeds your risk level, stay home, and participate online. But we must not villainize people who are returning to life, we must return to life, even if it might look a bit different. We can take back the destruction of our culture which is to love our neighbor and to work together, but it starts with us. Policymakers cannot fix that problem; they can only worsen it.

Lastly, we can look for the truth in data and be willing to admit that there are many things we do not know. COVID-19 has demonstrated a profound lack of intellectual humility among scientists, policy makers and doctors. There are several key models which over the past eight months have held powerful sway over policy makers, politicians, and bureaucrats. One thing economics teach us with certainty is that good intentions are never enough, and often good intentions can lead to disastrous unintended consequences. An economist never judges the efficacy of a policy based on whether the originators of the policy had good intentions but rather using the means-ends criterion. What is the policy supposed to accomplish and does it do that in a way that maximizes benefits and minimizes costs? Only when policies can pass these economic tests can we call them successful. Part of the problem with the current COVID pandemic is that the models have made faulty assumptions, leading to faulty policies all while the “end” or the goals have constantly been changed. This has all lead to disastrous unintended consequences which have harmed economic growth, family life, and civil society. We can change this. We must look for the truth, hold scientists and their models accountable, seek alternative solutions, hold policy makers to their words and stop viewing the crisis as a political disagreement. These changes lie within us, we can do it and restore personal and religious freedoms which are so essential to our flourishing.