

Stanford University promotes the anti-public health agenda of the COVID denialists

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Stanford University held a conference last month with the misleading title, “Pandemic Policy: Planning the Future, Assessing the Past.” Given the utter bankruptcy of the US and global policy in the ongoing COVID-19 pandemic, one would conclude that a discussion on how the world can address the current and future pandemics is of immense importance and has significant relevance to international public health policies.

However, the one-day conference held at the prestigious university was funded through Collateral Global and supported by Brownstone Institute, promoters of pandemic misinformation and COVID-19 contrarians. It was the opposite of a serious discussion on pandemic preparedness.

To place these organizations into a proper perspective, it bears noting that Robert Dingwall, a British sociologist who has been heavily promoted by Collateral Global, wrote on his blog in March 2020 that the elderly would be better off to die from COVID-19 than to be protected and later die from a degenerative disease like dementia. This was a thinly disguised version of fascistic eugenics—weeding out the “unfit” from society.

The Stanford symposium showcased a panel of discredited scientists and supposed policy health experts associated with the reactionary Great Barrington Declaration, better characterized as a manifesto of death, set on promoting the notion that no broad-based public health initiatives should have ever been undertaken during the COVID-19 pandemic or when the next pandemic strikes.

At the core of the debunked “declaration” is the claim that there can be “focused protection” against the pandemic for those at high risk, which would allow those at minimal risk of death to lead normal lives while building up immunity to the virus through natural immunity.

Well-respected global health advocate Peter Hotez said of the conference, “This is awful, a full-on anti-science agenda (and revisionist history), tone deaf to how this kind of rhetoric contributed to the deaths of thousands of Americans during the pandemic by convincing them to shun vaccines or minimize COVID.”

These include discredited figures like Dr. Jay Bhattacharya, a Stanford public policy professor; Dr. Scott Atlas, former Trump administration adviser on the Coronavirus Task Force; and Anders Tegnell, Sweden’s former state epidemiologist, who advocated for a policy of mass infection to achieve “herd immunity” that had horrendous consequences on the population, in particular, the elderly and most frail. Tegnell’s most consequential remark during the conference gave the flavor of the event: “We have focused so much on mortality as a measure of outcome, but there are more important things.”

Included on the panel were Marty Makary, prominent Johns

Hopkins University surgeon, who had repeatedly predicted that the population was on the verge of achieving natural immunity and the pandemic would thus come to an end. Also there was Oxford Professor of Epidemiology Sunetra Gupta, one of the original signers of the declaration with Bhattacharya, and Harvard University biostatistician Martin Kulldorff.

Gupta has called for mass infection of the young and declared during the conference that her idea of focused protection had evolved into what she termed “individual risk reduction,” where each person would decide for him or herself the level of protection and mitigation they wanted to assume during a deadly outbreak. This is the literal opposite of public health, treating infection with a highly contagious and potentially lethal disease as a purely individual matter.

That institutions like Johns Hopkins, Harvard and Stanford are at the forefront of promoting such anti-science and anti-public health initiatives speaks to the deep political and moral decline in academic circles. Similarly, these “elite” institutions have embraced censorship and attacks on democratic rights of students protesting the US backing of Israel’s genocidal policies in Gaza.

Closing remarks at the Stanford conference were given by John Ioannidis, professor of epidemiology and one of the principal investigators of the fallacious, non-peer-reviewed Santa Clara County study, released in April 2020, which suggested that COVID-19 was no deadlier than the flu and that the pandemic measures to protect populations needed to be lifted forthwith.

At the time of that study, the COVID-19 pandemic was inundating the healthcare system of New York City. The CDC had noted that close to 20,000 people had died in the three-month window (March through May) with an overall crude fatality rate of 9.2 percent. Also, 30 percent of hospitalized patients with laboratory confirmed COVID-19 were known to have died.

Bhattacharya, who had locked arms with AFT President Randi Weingarten in forcing students and teachers back into schools in 2021 and served as a pandemic adviser to Florida’s fascistic Governor Ron DeSantis, attempted to sell the conference as a forum for people with opposing views coming together to air out their differences.

“What can we do in the future? The pandemic was by any measure a disaster,” he declared. Although he cited the correct number of deaths and economic turmoil caused by the pandemic affecting the poorest in the world, he blamed these losses, not on the failure to carry out systematic public health measures but on the measures themselves. It was a translation into academic jargon of the notorious declaration by *New York Times* columnist Thomas Friedman that “the cure can’t be worse than the disease.”

Bhattacharya had the audacity to assert, “this conference was four

years too late, but this is not too late, this is not the last pandemic the world will face.” The purpose of his efforts to codify the perspectives put forth by the Great Barrington Declaration is to ensure no real effort is taken by any government to address any threat, including the current bird flu outbreak that threatens to ignite another pandemic.

His ideas have nothing to do with the field of epidemiology or any scientific comprehension of the nature of pandemics. If he has a bone to pick with the Biden administration and its response to the pandemic is that Biden and Harris did not adopt the mass infection policy officially from the beginning, but only implemented it piecemeal.

Additionally, Bhattacharya has positioned himself as a fellow traveler with the anti-vaxxers promoting the false notion that the current mRNA vaccines are unsafe and the process through which they were brought forward violated safety measures which is patently false.

He wrote for the Brownstone Institute a report published on November 16, 2022, stating, “The Biden plan enshrines former president Donald Trump’s Operation Warp Speed as the model response to the next century of pandemics. Left unsaid is that, for the new pandemic plan to work as envisioned, it will require us to conduct dangerous gain-of-function research. It will also require cutting corners in the evaluation of the safety and efficacy of novel vaccines. And while the studies are underway, politicians will face tremendous pressure to impose draconian lockdowns to keep the population ‘safe’.”

Scott Atlas blurted out the real purpose of the conference. Reading a prepared statement, he said that the lockdowns failed to stop the dying, and they failed to stop the spread. He blamed the economic lockdowns for the excess deaths rather than the virus. He blamed Dr. Anthony Fauci for implementing the lockdowns and not enforcing “targeted protection.”

Atlas later also called for complete US divestment from the World Health Organization and called for the termination of all middle-level scientists at the CDC, for which he received applause from his colleagues on the panel.

The Stanford conference was entirely divorced from the actual history of the pandemic, particularly its early weeks. The initial outbreak of COVID in Wuhan showed it was propagated by airborne transmission and was both highly contagious and lethal.

When, on January 30, 2020, the WHO declared the outbreak a Public Health Emergency of International Concern, Europe, the US, and other countries chose not to act. They could have rapidly eliminated and eradicated the virus but did nothing until the virus had spread globally and began its deadly rampage.

It was in early March, six weeks later, with the horrific scenes emerging out of Italy that prompted the working class to demand a shutdown. Auto workers took the lead in many countries, including the United States and Canada, and it was only out of fear of a mass rebellion among workers internationally that the ruling elites were forced to respond with limited lockdowns to stem the tide of infections.

The Great Barrington Declaration, the right-wing campaigns against mask and vaccine mandates and last month’s conference at Stanford were essentially rooted in fear of the independent initiative of workers insisting on serious public health measures. The populist demagoguery about allowing people the “freedom” to work in the midst of a deadly pandemic cannot disguise what is a fundamentally anti-working class perspective.

The maliciously false point being driven home by the organizers of

the conference was that social interventions—masking, closure of schools and businesses, lockdowns, and maintaining social distancing—were worse than the disease, despite studies that have shown when such policies were actually implemented, they saved many, many lives.

As one 2023 study published in *The Lancet* found, in the period from January 1, 2020, to July 31, 2022, Hawaii, with stricter anti-COVID measures, saw 147 deaths per 100,000 compared to 581 per 100,000 in Arizona and 526 per 100,000 in Washington D.C. The national rate was 372 deaths per 100,000.

Similar conclusions were reached in a more recent comprehensive study that evaluated state by state in the US comparing restrictions in place and impact on excess deaths. As the authors of that study noted, “COVID-19 restrictions were associated with substantial reductions in excess pandemic deaths in the US. If all states had weak restrictions, as defined in the Methods section, estimated excess deaths from July 2020 to June 2022 would have been 25 percent to 48 percent higher than if all had imposed strong restrictions. Behavioral responses provided a potentially important mechanism for this, being associated with 49 percent to 78 percent of the overall difference.” This last part of the statement underscores the importance of open channels of communications and an all-in approach to such matters. Public health is first and foremost a social concern.

And still another study published in January 2022 found that the impact of the limited measures employed saved between 870,000 to 1.7 million Americans.

The most insidious issue that the COVID-19 contrarians fail to mention is that herd immunity is not achievable with a virus like SARS-CoV-2, which mutates so rapidly, and the issues raised by Long COVID and reinfections with the concomitant long-term health impacts that will debilitate the population are not even considered. Current estimates place the number of those suffering from Long COVID across the globe at over 410 million as of the end of 2023.

The response to pandemics requires a social investment in public health on an international scale. The global nature of the economy poses that a national approach as was seen in China and its Zero COVID policy cannot withstand an anti-public health policy that is imposed on the global population. This raises the need for a socialist perspective not only to the global economy but to the global health of the working class.



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