

COVID CHARTS

**CNN**

FORGOT



Tom Woods

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# INTRO

You've heard it again and again:

The spread of the virus is *your fault*.

According to our opinion molders, any movements in the COVID-19 numbers are a reflection of the compliance, or otherwise, of the public with the usual array of the state's so-called mitigation measures.

Now if we had any actual journalists, some of them would observe the absurdity of all this. After all, societies with little in common and remote from each other have seen exactly the same curves; we're supposed to believe that this is because their peoples all complied, and then didn't comply, and then complied again on exactly the same timetable?

Can people really be this thick?

Thus Elaine Godfrey at *The Atlantic* just wrote, "In November I wrote a story about how COVID-19 was overwhelming Iowa's hospitals. Back then, public-health experts predicted another big surge after the holidays, but it never came. I went back to those experts to find out why."

## MEDIA HEADS FUMBLE FOR ANSWERS

Those "experts" have been wrong over and over again, yet Godfrey still considers this mysterious.

She'd better follow up with these people who were totally wrong, ask them why they were totally wrong, and then uncritically repeat their answers to her audience.

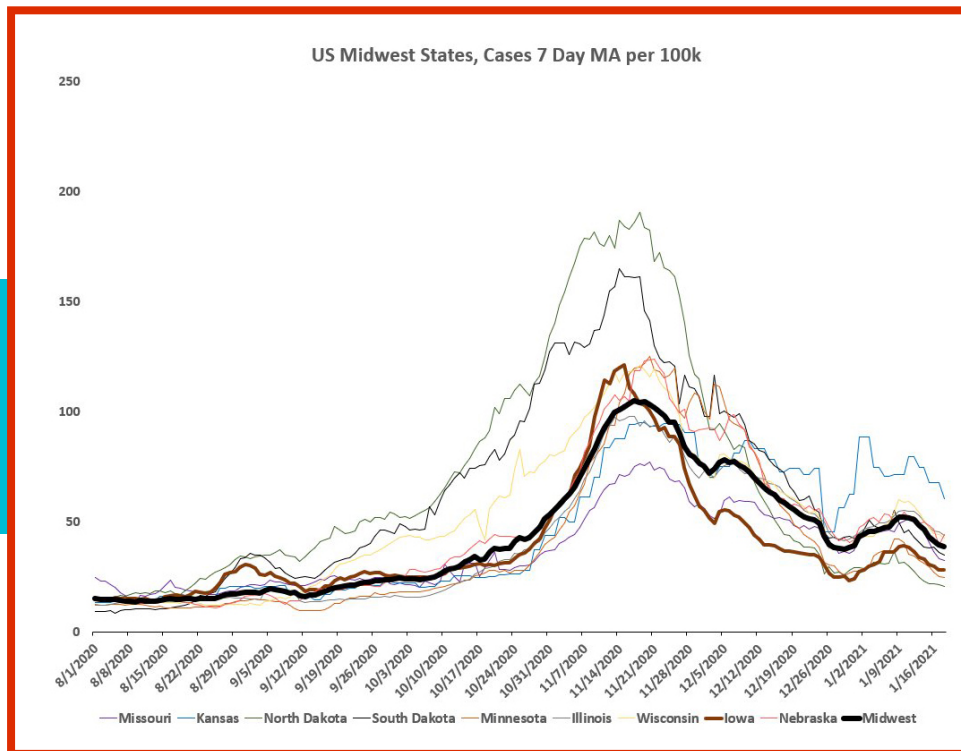
Now she could have consulted people who have been right, and who have been critical of the public-health apparatus, to see if maybe these folks have some insight into why the always-wrong people were wrong yet again, but that would be journalism, and that is not Elaine Godfrey's field.

No, instead she wrote a follow-up article called, “Iowans Were Scared into Taking the Virus Seriously.”

Yes, this is the best she can do: public-health officials did such a good job panicking about a “surge” that they persuaded people to change their behavior!

Know what the trouble with this is?

Iowan public-health officials must have scared people so much that the scariness spread into North Dakota, South Dakota, Nebraska, Minnesota, Missouri, Illinois, Montana, Wyoming, Colorado, and Kansas, too, which had identical curves and declines in their numbers with no change in public-health messaging and no change in the public’s behavior:



Oops!

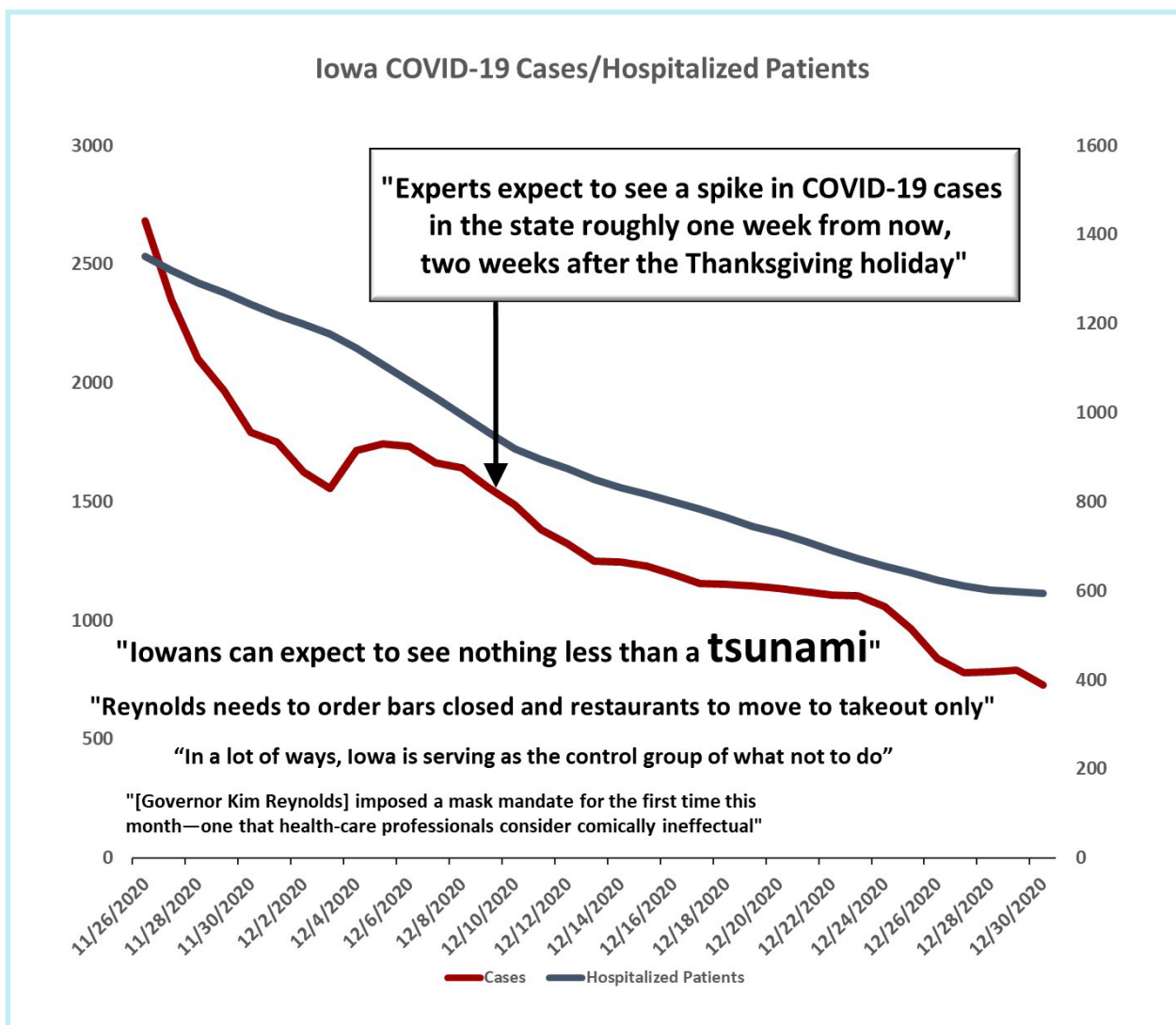
Notice, too, that this decline occurs during the holidays, when we were told there’d be a major spike. Yet in these states the numbers fell. Is that because people in these states got together and coordinated a gigantic decision to follow “public health” guidelines at precisely the same moment, or might climate zones and seasonality have more to do with it?

They also try to claim that Iowa's November mask mandate brought the numbers down, but again: why the simultaneous declines in so many other places? And since the mask mandate was lifted on February 8, Iowa's numbers have only continued their decline.

Naturally, Iowa's relatively more laissez-faire approach had the usual suspects screaming and predicting doom. "Iowans can expect to see nothing less than a tsunami," said Dr. Eli Perencevich. "In a lot of ways, Iowa is serving as the control group of what not to do."

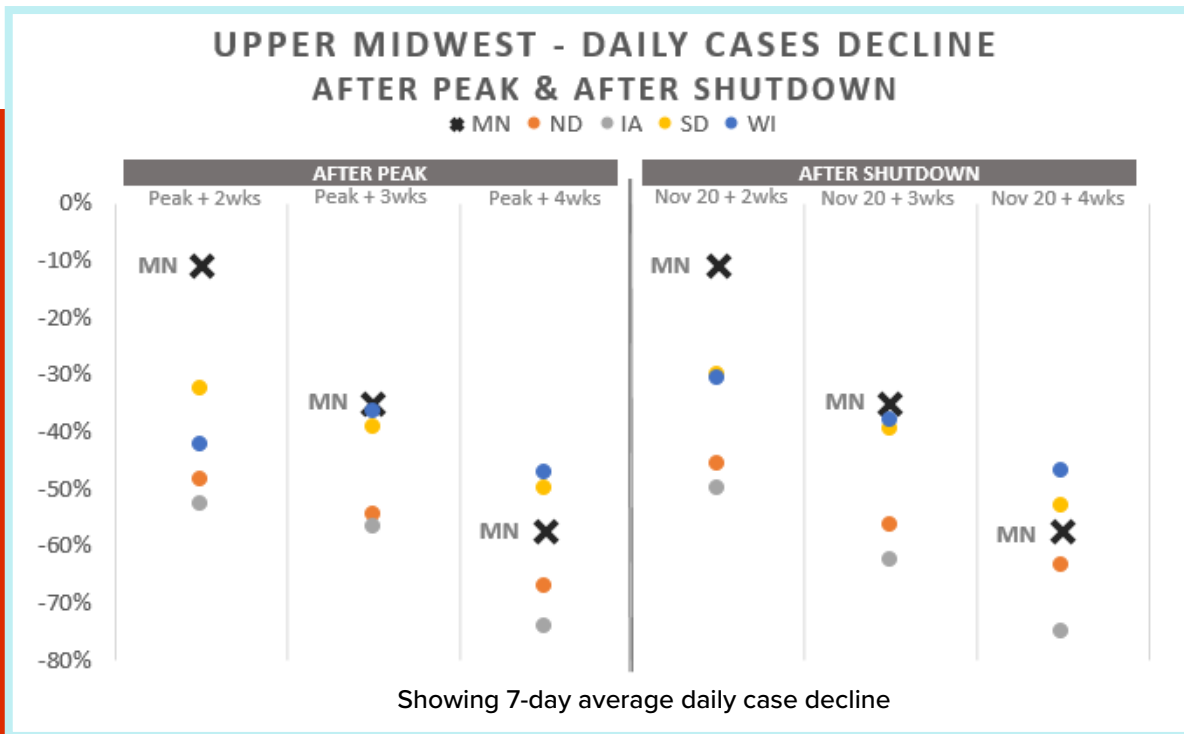
"Iowa Is What Happens When Government Does Nothing," warned *The Atlantic*.

Here's what actually happened (hospitalizations are the top line, cases the bottom):



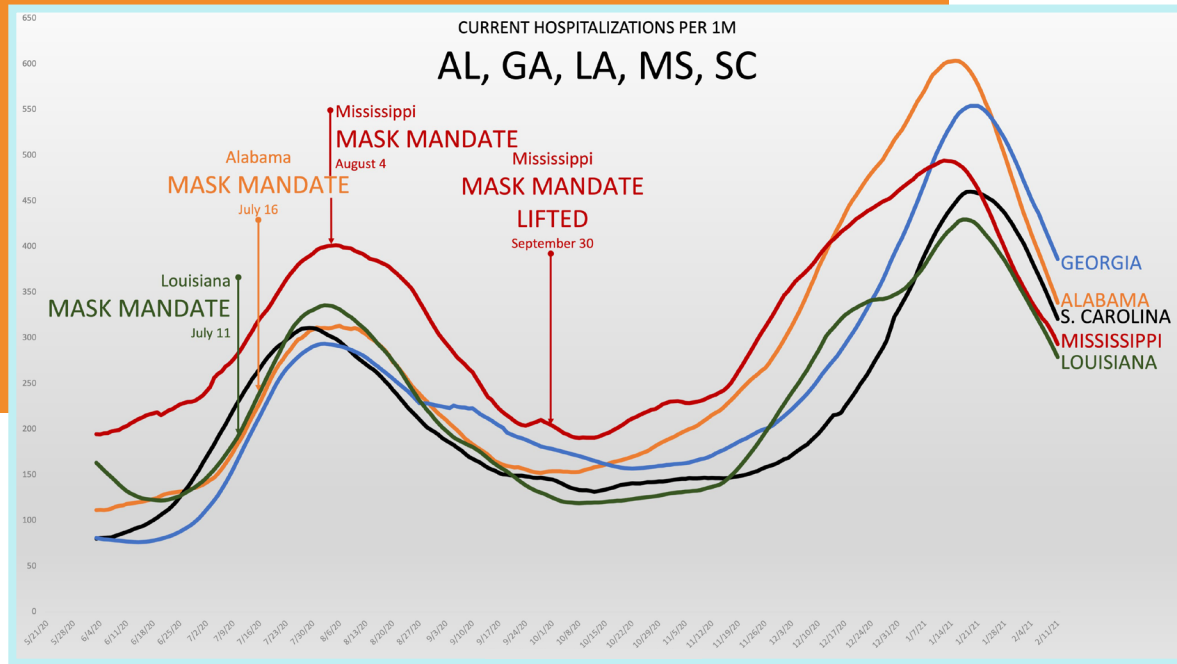
In late 2020 the authorities in Minnesota tried to claim that their most recent wave of ruining people's lives helped get their state's case numbers down faster than neighboring states.

Oh, really? The numbers show neighboring states doing as well or better than Minnesota:



Source: Covid Tracking Project | 12/21/2020  
[Twitter: @covid\\_clarity](https://twitter.com/covid_clarity)

Alabama, South Carolina, Mississippi, Georgia, and Louisiana adopted completely different policies and implemented them at different times. And yet their hospitalization curves look strikingly similar:



Source: Covid Tracking Project - 14 Day Avg.  
5/21/2020 - 2/11/2021  
[Twitter: @ianmSC](https://twitter.com/ianmSC)

It's almost as if none of this makes any difference, isn't it?

Well, a member of the mainstream media -- on MSNBC, no less -- finally, after months and months, asked The Question.

Her guest: White House COVID adviser and crazed doomer Andy Slavitt.

She asked him:

“Contrast states like Florida and California, California basically in lockdown and their numbers aren't that different from Florida.”

Slavitt proceeds to do everything but answer the question.

He begins with this:

“Look, there's so much of this virus that we think we understand, that we think we can predict, that's just a little bit beyond our explanation.”

This is all I've been asking them to say for the past year. Admit that they don't fully understand it, and that it doesn't behave the way their mitigation guidance seems to suggest it does. Finally someone admits it. And then, on to the evasion of the question:

"What we do know is that the more careful people are, the more they mask and social distance, and the quicker we vaccinate, the quicker it goes away and the less it spreads, but we have got to get better visibility into variants, we don't know what role they play, large events, etc.

"As we all have learned by this time, this is a virus that continues to surprise us. It's very hard to predict. And all around the country, we've got to continue to do a better job, and I think we are, but we're not done yet."

That's it. That's all he has to say.

Sorry we decimated your savings, took away your sources of joy, destroyed your businesses, and stole a year of your children's lives. We're just learning, you see.

And we "know," says Slavitt, that the more people "mask and social distance," the quicker it goes away and the less it spreads.

---

**Sorry we decimated your savings, took away your sources of joy, destroyed your businesses, and stole a year of your children's lives. We're just learning, you see.**

---

In fact, we "know" no such thing. Graph the results any way you like: lockdown stringency, people's mobility patterns, mask mandate dates, whatever. The results are completely random. They absolutely do not show a clear pattern whereby ruining your life solves the problem.

Not to mention: the very California/Florida comparison the anchor is asking him about clearly contradicts this claim, but Slavitt just repeats it robotically anyway.





*We were told that the Super Bowl would be a “superspreader” event, but all COVID metrics continued their decline in the weeks after it ended...*

Slavitt also mentions “large events,” of which there have been precious few in California over the past year. But there have been a ton in Florida, where I live. Shouldn’t our state be marked by piles of corpses at the side of the road, and California be a paradise – especially since our state has a much higher elderly population?

Andy, you realize there’s a camera on you and we’re all seeing your responses, right?

(Not to mention: we were told that the Super Bowl would be a “superspreader” event, but all COVID metrics continued their decline in the weeks after it ended; no “superspreader” numbers were evident from the college football national championship, though the ghouls all predicted it.)

Slavitt doesn’t know what the explanation is for California and Florida, but he urges you to keep staying poor and socially isolated anyway.



## RATIONALITY OUT THE WINDOW

You've probably noticed a refusal on the part of some of your friends and family to acknowledge drawbacks to the lockdown strategy advocated by "public health" officials. They doubt the scientific validity of such claims, and they think you're a bad person even for offering criticisms.

Irrational and bizarre, right?

Well, I don't know if this makes it better or worse, but researchers have found this to be a general phenomenon, and not confined to your crazy friends.

A study conducted at New Zealand's University of Otago and published in *The Journal of Experimental Social Psychology* looked at people's readiness to overlook negative consequences of lockdown.

It's called "Moralization of COVID-19 Health Response: Asymmetry in Tolerance for Human Costs." The "asymmetry" in the title refers to people's extreme unwillingness to tolerate COVID-related suffering on the one hand, and their much-reduced concern for lockdown-related suffering on the other.

Participants were presented with two research proposal descriptions. Both proposals involved the same research and gave the same information about the methods used. Yet people described the

anti-lockdown research as having less rigorous methods and relying on less accurate information, and they trusted the research team less.

Pure irrationality, in other words, from the very people who urge us to "follow the science."

The New Zealand Doctor website had this to say about the study:

"Both failing to properly contain Covid-19 and implementing restrictions to contain Covid-19 carry collateral costs. Collateral human costs that may result from failing to combat Covid-19 include increased cases, overwhelmed healthcare systems, health complications, and deaths. Prioritizing control or elimination of Covid-19 also carries collateral human costs, such as unemployment, extreme financial stress, social isolation, substance abuse, and delayed cancer diagnoses. Left unaddressed, these forces may generate 'deaths of despair,' whereby individuals perish from behaviors or worsened illnesses as a result of perceived bleak prospects. Other costs include public

*Pure irrationality, in other words, from the very people who urge us to 'follow the science.'*

shaming of those who violate or question health-based policies, abuse of law-enforcement and government power, and deterioration of human rights.

"Lead author Dr. Maja Graso, a Senior Lecturer in Business Ethics at the University of Otago's Department of Management, says results supported the hypothesis,

suggesting COVID-19 elimination efforts became moralized to an almost sacred level.

“Although moralization may be a natural response to such an imposing health threat, this process may also blind people to potential human costs resulting from a Covid-19 elimination strategy (e.g., extreme financial strain, undiagnosed illnesses). Importantly, moralization of Covid-19 may also mean that merely questioning elimination strategies is not acceptable. Indeed, this is exactly what their findings revealed.

“As a research team, we don’t take a stance on whether moralizing elimination is good or bad, nor on how Covid-19 should be handled. Instead, we examine how people assess human costs, and we invite people to consider the possibility that the moralization of Covid-19 elimination may lead us to overlook other, less visible forms of suffering, such as loss of livelihoods or deaths of despair. It may also lead us to discount peer-reviewed scientific evidence that documents human costs resulting from elimination-based strategies,” Dr Graso says.”

At the very time when we could most use a bit of nuance and common sense, then, we’ve instead been overwhelmed by hysterical monomania.

This hysterical monomania has done nothing to solve the COVID-19 problem. The strategy of protecting the vulnerable only indirectly, by shutting down society as a whole, has obviously been a failure, and has yielded countless additional problems.

The lockdowns have been downright deadly.





I almost don't blame people who are unaware of this information, because you have to go to the UK, usually, or the international press in general, to find it. But here is some of the collateral damage caused by lockdowns.

1

In the UK, cancer authorities have been warning of the avoidable, excess cancer deaths that will result from COVID overreaction – as many as 60,000.

Richard Sullivan, a professor of cancer and global health at King's College London and director of its Institute of Cancer Policy, warned:

*The cessation and delay of cancer care will cause considerable avoidable suffering. Cancer screening services have stopped, which means we will miss our chance to catch many cancers when they are treatable and curable, such as cervical, bowel and breast. When we do restart normal service delivery after the lockdown is lifted, the backlog of cases will be a huge challenge to the healthcare system.*

According to the *Daily Mail* on October 6:

*Vital operations were canceled and patients missed out on potentially life-saving therapy in the spring because tackling Covid-19 became the sole focus of the health service, instead of cancer and other cruel diseases.*

*Almost 2.5 million people missed out on cancer screening, referrals or treatment at the height of lockdown, even though the NHS was never overwhelmed—despite fears it would be crippled by the pandemic.*

*Experts now fear the number of people dying as a result of delays triggered by the treatment of coronavirus patients could even end up being responsible for as many deaths as the pandemic itself.*

2

A United Nations report in April warned that economic hardship generated by the radical interruptions of commerce could result in hundreds of thousands of additional child deaths in 2020. The report further warned that 42 million to 66 million children could fall into extreme poverty as a result of the crisis.

Even *The Atlantic* had to admit, “When you ask them to stay home, in many cases you’re asking them to starve.”

And in the UK, the *Telegraph* said, “The absurd demand that developing countries adopt economically disastrous lockdowns is driving untold misery.”

3

The Well Being Trust in Oakland, California, released a study that sought to determine how many “deaths of despair” (from drug or alcohol abuse or suicide) will occur as a result of the pandemic, including the lockdowns. Their estimate, according to CBS News: about 75,000.

4

UNICEF warned of 1.2 million child deaths – “visits to health care centers are declining due to lockdowns, curfews and transport disruptions, and as communities remain fearful of infection.”

5

Oxford University’s Sunetra Gupta has pointed to warnings by global authorities that as many as 130 million people are at risk of starvation thanks to the possibility of famine in several dozen places around the world, brought on by lockdown-induced disruptions of supply chains.

6

Suicidal ideation is massively on the rise in the United States.

The federal government’s Substance Abuse and Mental Health Services Administration reports on percentages of people who have considered suicide within the previous 12 months, organized by age. People between the ages of 18 and 25 fluctuate between 6.8 percent and 11 percent.

Now, from the Centers for Disease Control, we find that that percentage (for the 18-24 group) had leaped to 25.5 percent by the summer – and this survey asks not about the previous 12 months, like the earlier one, but whether they’ve considered suicide just in the past 30 days.

# 7

The CDC estimates 93,814 non-COVID “excess deaths” this year, including 42,427 from cardiovascular conditions, 10,686 from diabetes, and 3646 from cancer, and many of these were caused by the cancellation of “nonessential” care in the midst of the COVID panic.

Meanwhile, almost no American hospitals were actually “overwhelmed” during 2020, despite what your Facebook friends told you. In April alone, 1.4 million health care workers were furloughed because the hospitals were empty. In May, NPR reported on those field hospitals that were assembled to take care of the surge of people who were supposed to appear: “U.S. Field Hospitals Stand Down, Most Without Treating Any COVID-19 Patients.”

# 8

According to *The Lancet*, “During lockdown people with dementia or severe mental illness had a higher risk of excess death.” Dementia patients had a 53% greater chance of death because of lockdowns and elderly patients with severe mental illness had a 123% greater chance of death.

# 9

As a direct result of the lockdowns, the *New York Times* reports that there will be 1.4 million excess tuberculosis deaths, half a million excess HIV deaths, and 385,000 malaria deaths.

See why “public health” shouldn’t be confused with the monomaniacal fixation on one virus?



## THE DATA DOESN'T LIE

Meanwhile, if you look at the charts for country after country and state after state, you will not be able to tell which ones locked down, how hard they locked down, when they lifted their lockdown, whether they had a mask mandate, when they imposed such a mandate, and when and if they lifted that mandate. The charts show zero correlation. Zero.

Non-pharmaceutical interventions – voodoo, we might well call it now – appear to have accomplished nothing, apart from creating all this avoidable misery around the world.

The political class and its media allies of course want to give the impression that the state can hold off the spread of a virus. This is to be expected, since the state justifies its very existence on the basis of its claims to protect the public from various dangers.

So it's no surprise that months ago we got what now are rather embarrassing headlines in the mainstream media, purporting to give us examples of governments of heavily trafficked and populated countries (not isolated islands) that had defeated the virus.

Thus:

“How Czech Republic Beat COVID-19”

“Austria Has 90% Drop in Coronavirus Cases After Requiring People to Wear Face Masks” (The drop in cases had already begun before the mask mandate, and months later cases exploded in Austria, so this one is especially embarrassing.)

“How Slovakia Flattened the Curve”

“Slovenia Becomes First European Nation to Declare an End to Its Coronavirus Epidemic”



# 2+ Million

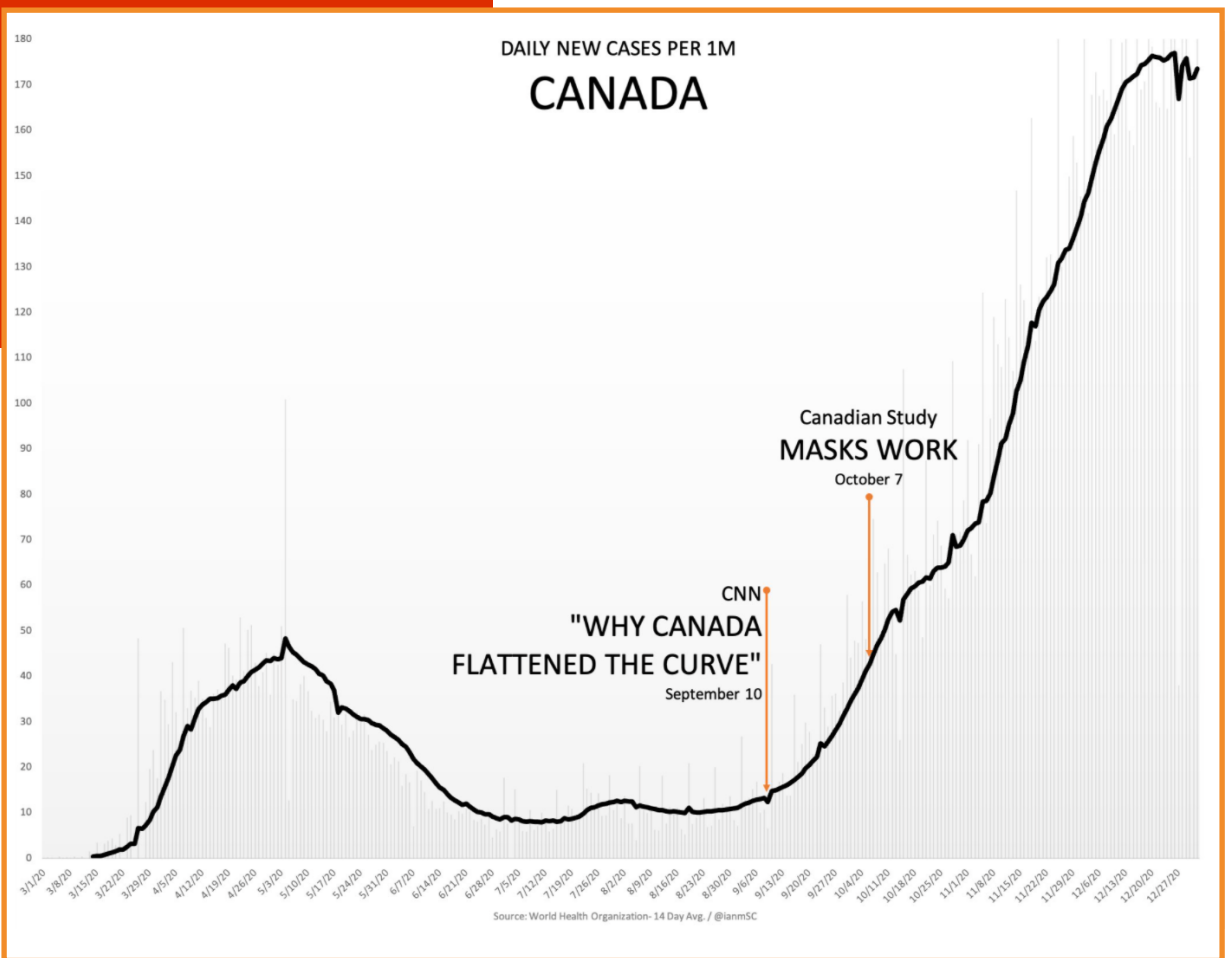
Excess deaths from Tuberculosis, HIV, and Malaria estimated as a direct result of COVID-19 lockdowns. This alone matches the current death toll from the coronavirus.

- *New York Times*

Every single one of these places (and there are plenty more) went on to have a severe autumn. These were I-told-you-so articles, with the unstated lesson that we stupid rubes in the United States should have “followed the science” like these countries.

(The media also likes to talk about east Asia, but there we have a case of what Stanford University’s Jay Bhattacharya calls “policy invariance” – no matter what policy was instituted in that part of the world, whether strict or lenient, the results were good.)

The media did the same with Canada. Notice the timing:



Source: World Health Organization - 14 Day Avg.  
3/1/2020 - 12/27/2020  
[Twitter: @ianmSC](https://twitter.com/ianmSC)

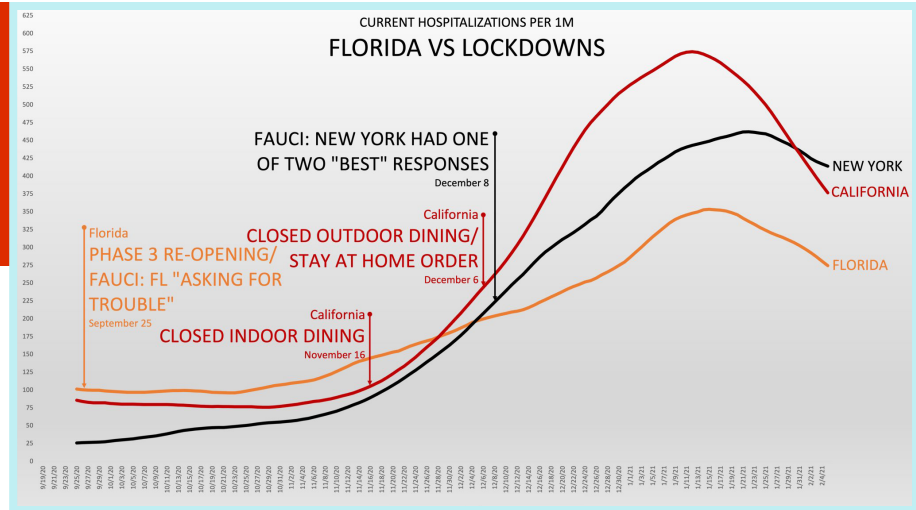


Now let's turn to right here in the United States, where I live.

When Florida fully reopened (no state-imposed occupancy restrictions, etc.), Dr. Anthony Fauci declared that the state was "asking for trouble."

In early December, Dr. Fauci said that New York had had one of the two best responses to the virus.

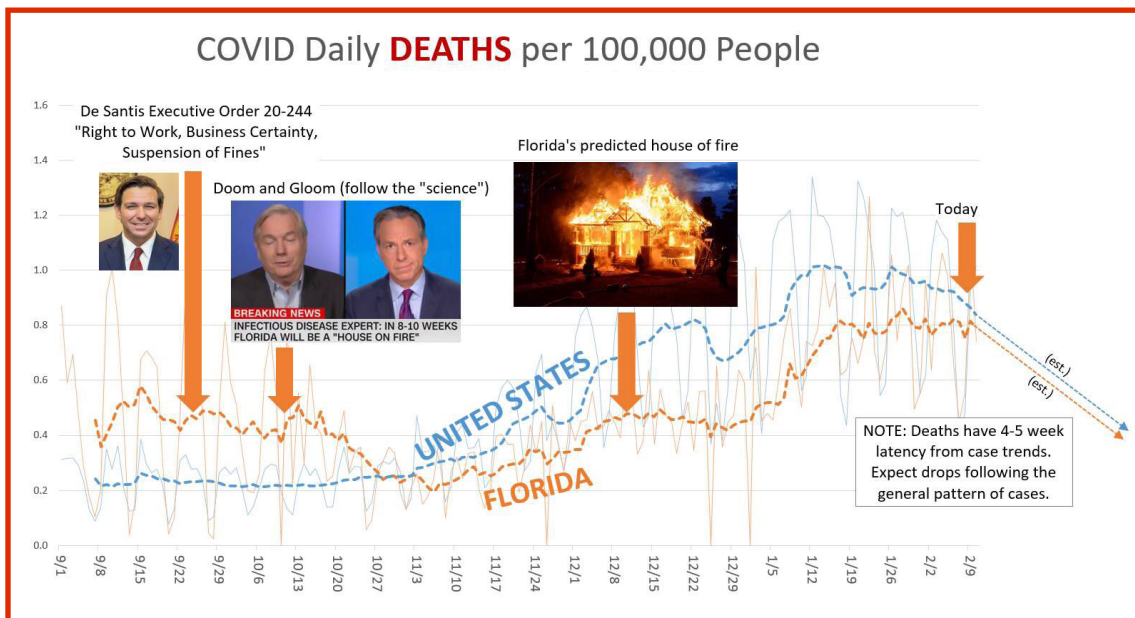
And yet, here is the hospitalization chart, with locked-down California thrown in for good measure:



Source: Covid Tracking Project | [Twitter: @ianmSC](https://twitter.com/@ianmSC)

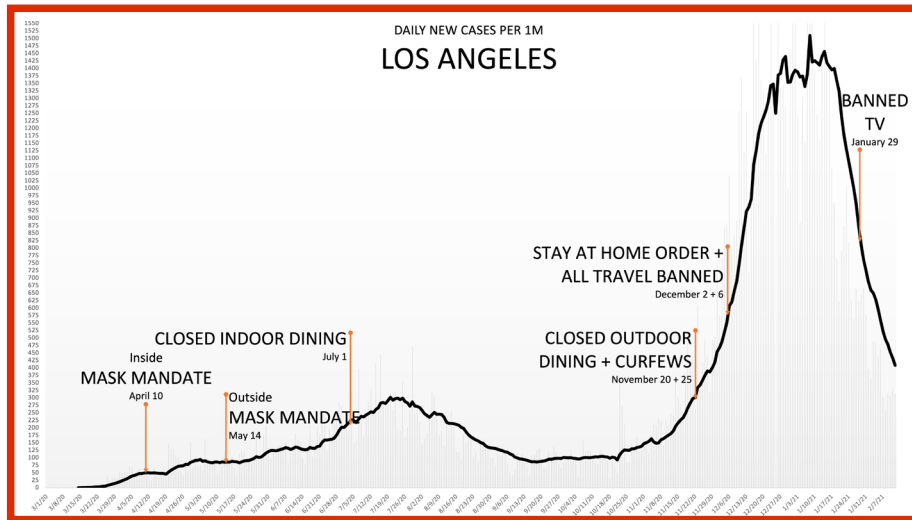
In early October, Dr. Michael Osterholm, who would become a White House COVID adviser under Joe Biden, said that within eight to ten weeks Florida would be a "house on fire."

This chart shows the date of Florida's reopening, the date of Osterholm's asinine comment, and the date by which Florida should have been on fire, alongside the numbers for Florida and for the United States as a whole:



Source: Johns Hopkins CSSE COVID-19 database (github)

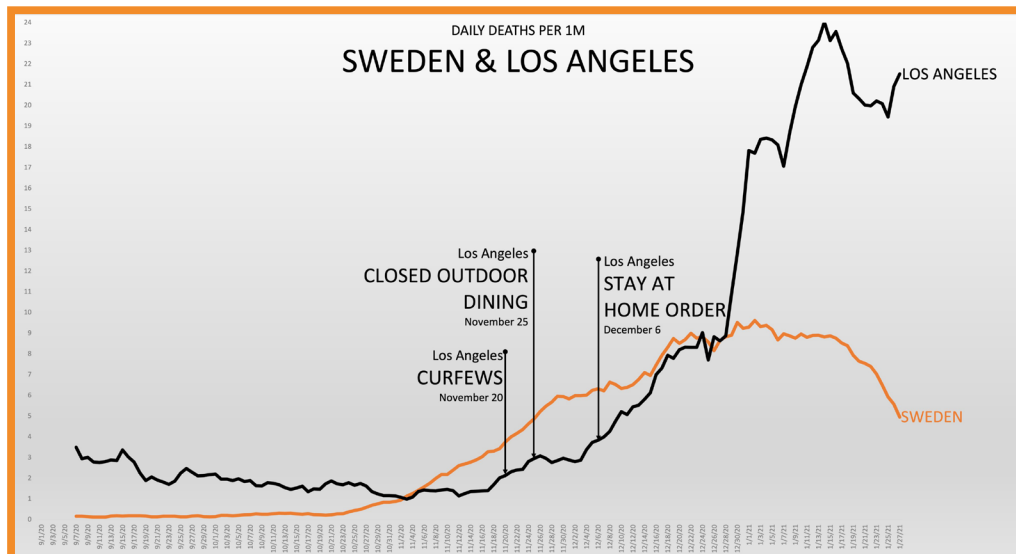
Here's heavily locked-down Los Angeles, and some of the alleged mitigation measures it adopted. ("Banned TV" refers to the policy, around the time of the Super Bowl, whereby outdoor dining, which was grudgingly allowed, could not include television viewing. This policy was introduced as the numbers were already coming down, as you can see.)



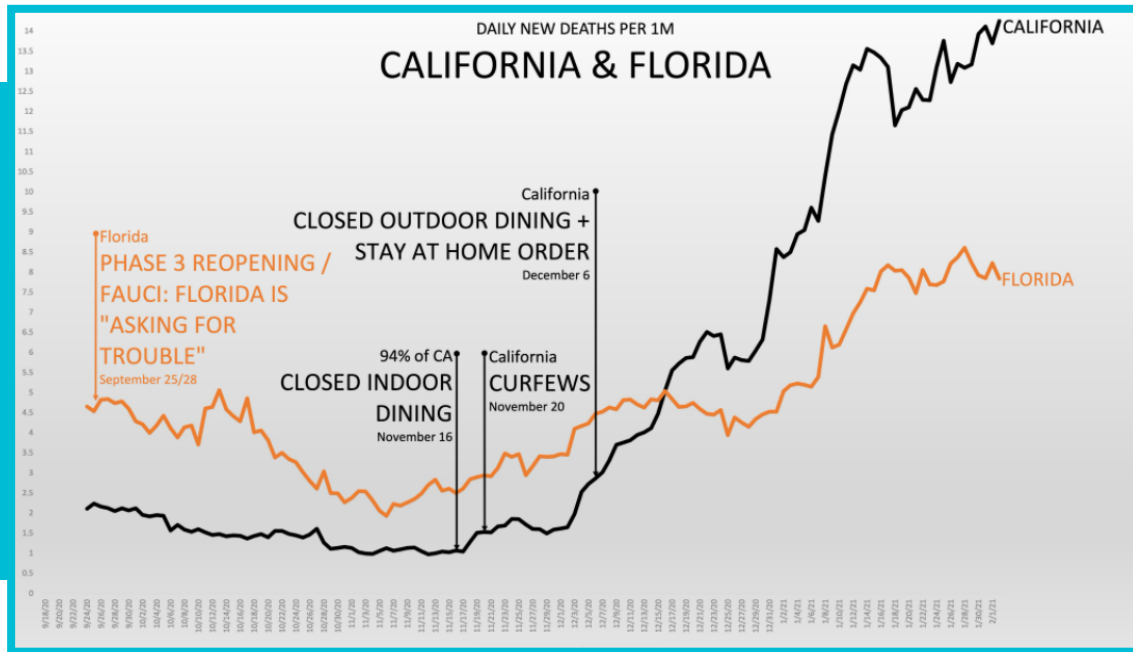
Source: The New York Times - 14 Day Avg. | [Twitter: @ianmSC](https://twitter.com/ianmSC)

The graph that follows may seem a trifle unfair – aren't Sweden and Los Angeles quite different from each other? Well, sure. But if we were truly facing a catastrophic problem that could be mitigated only by lockdowns, social distancing, and masks, shouldn't there still be a major difference between relatively laissez-faire Sweden and heavily locked-down Los Angeles? Shouldn't the difference in results between two places with such different policies absolutely overwhelm whatever other differences exist between them, such that the superiority of the Los Angeles approach should come through clearly in the chart?

**AND YET:**



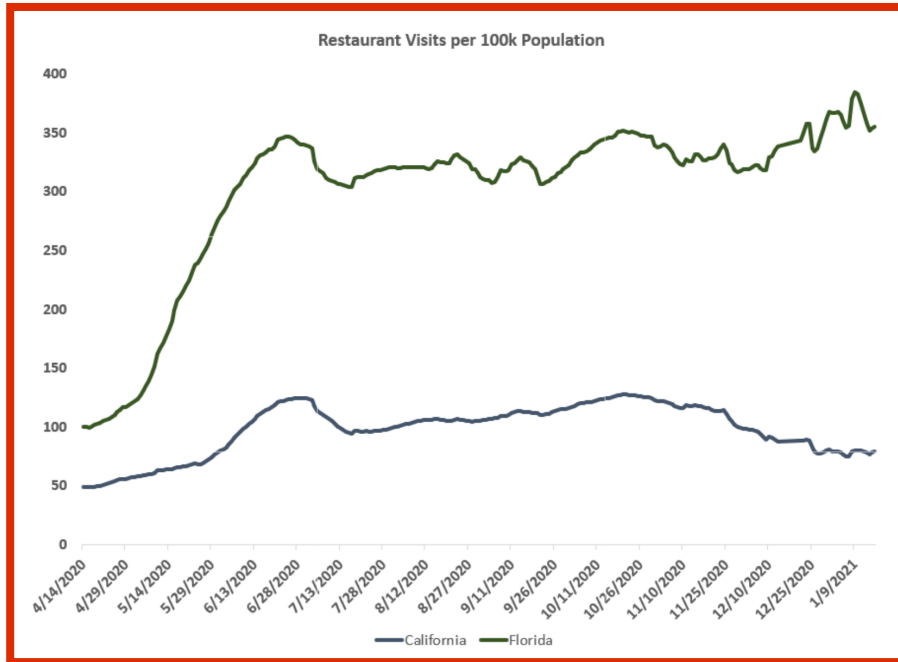
Now let's put California and Florida side by side in death trends:



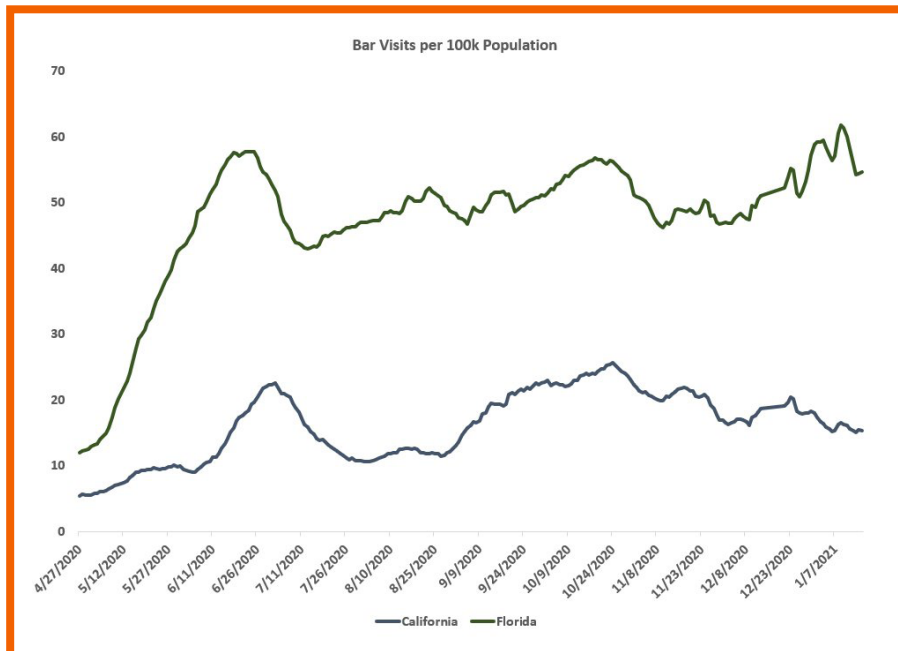
Source: Covid Tracking Project | [Twitter: @ianmSC](https://twitter.com/ianmSC)

The excuse factory has a ready explanation for California's performance relative to Florida: why, people aren't complying! Or they're going to bars and restaurants!

Well, here are the numbers for restaurant and bar attendance. California (the bottom line in each chart) isn't even close to Florida (the top line) in this respect:



Source: CMU DELPHI mobility data | Safegraphs



Source: CMU DELPHI mobility data | Safegraphs

# Masks



Now let's spend some time on masks.

Over the summer, Robert Redfield, then-head of the Centers for Disease Control said, "If we could get everybody to wear a mask right now, I really think in the next four, six, eight weeks, we could bring this epidemic under control."

He added: "I might even go so far as to say that this face mask is more guaranteed to protect me against COVID than when I take a COVID vaccine."

The vast majority of the American public has been wearing masks since then; a report on WebMD in October found 90 percent of Americans wearing them.

The numbers look like this:



And yet, to put it mildly, numbers continued to rise, quite contrary to the CDC director's prediction.

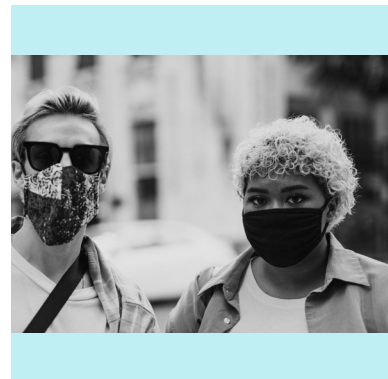
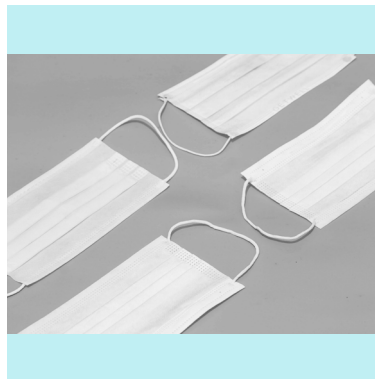
## HOW THE MEDIA SPINS FACTS

The propaganda surrounding masks has generally gone like this: if maskers can find a place where cases or deaths came down following the introduction of a mask mandate, they attribute the decline to masks – even though neighboring areas without the mandate saw a similar or greater fall.

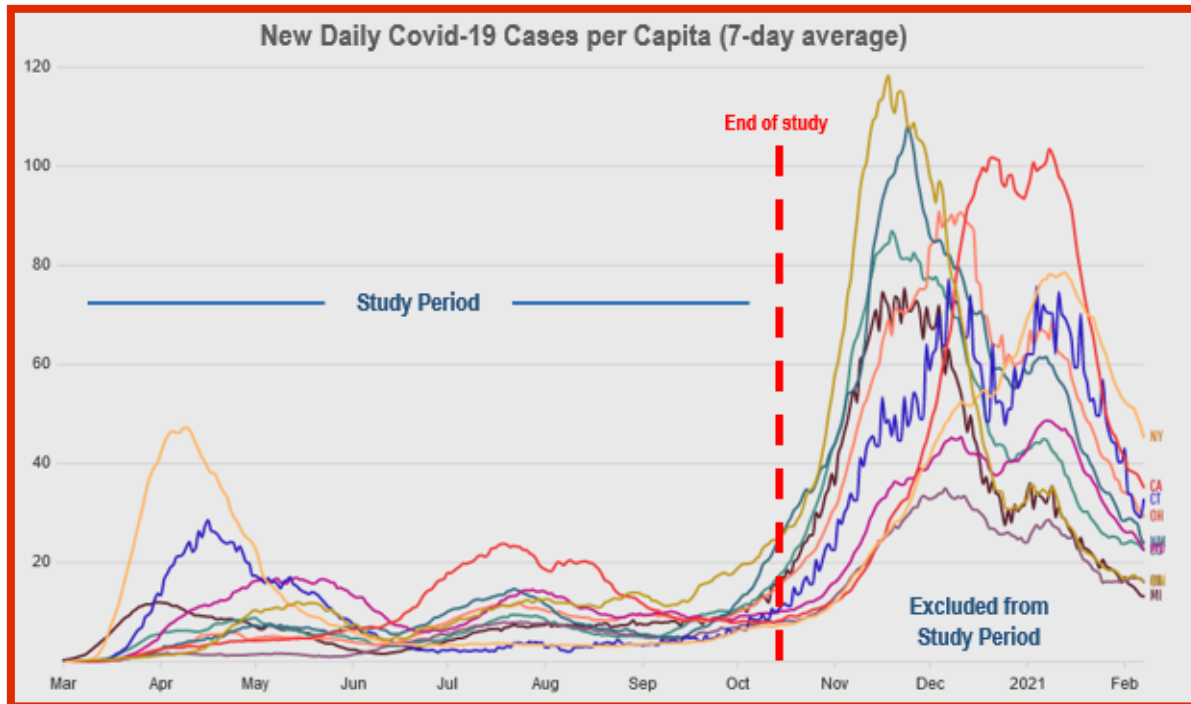
And when the numbers shoot way up again, even though everyone is just as masked as before, this trend is met with complete silence.

The best the maskers have been able to do is to claim that things would have been even worse without the masks. But that won't do. If masks are so effective that wearing them for four to eight weeks would bring COVID-19 under control, and they're potentially more effective even than a vaccine, we should see an unambiguous trend in the charts when people start wearing them in large numbers.

Yet we don't. Over and over again, we don't. "Studies" claiming to show such a thing always start and stop at times designed to make masking appear more effective than it is. Look at a wider timeframe and the alleged effect vanishes.



One [CDC study](#), released in February 2021, stopped reporting numbers in October 2020. You might notice a slight – *slight*, I tell you – uptick after that:



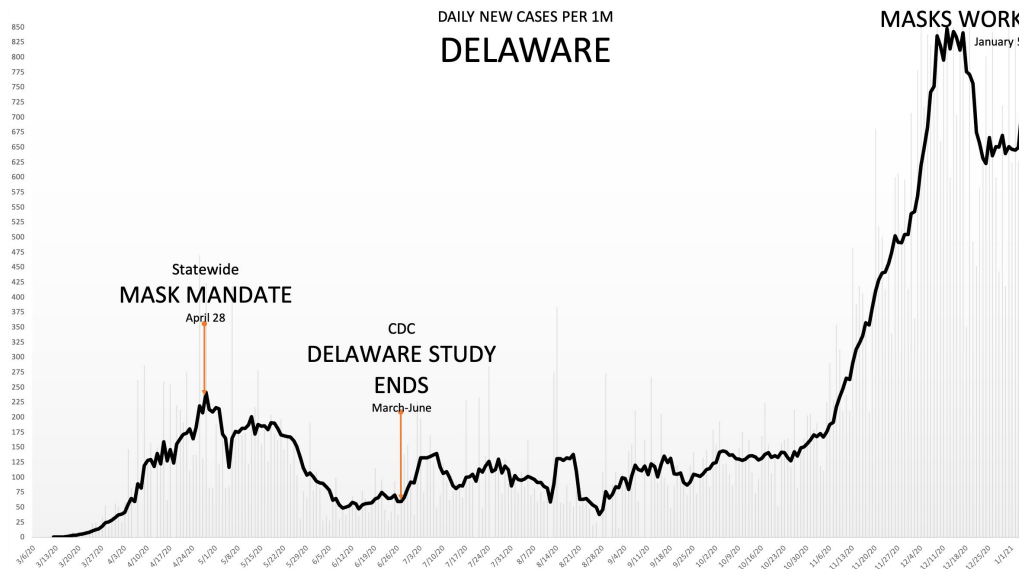
[Twitter: @covid\\_clarity](#) | Source: Covid Tracking Project - 2/8/2021

Not to mention: suppose the charts all showed numbers coming down after the introduction of masks. Do you think the maskers would be making all these subtle distinctions about correlation not being the same as causation, etc.? The question answers itself.

In early January 2021, the Centers for Disease Control published a Tweet that included this line, along with a link to an article about Delaware: “In Delaware, universal mask use helped reduce #COVID19 cases, hospitalizations, and deaths.”

Before I even show you Delaware’s chart, think about what it should look like if what this January 5 Tweet said *weren’t* misleading.

**NOW TAKE A LOOK:**



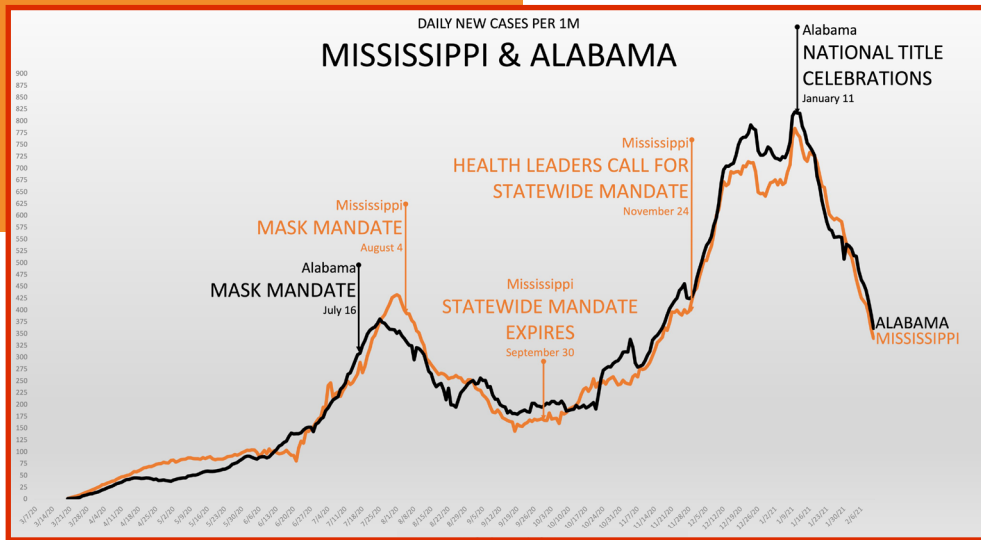
Source: Covid Tracking Project - 7 Day Avg. | [Twitter: @ianmSC](https://twitter.com/ianmSC)

Looking at these hospitalization numbers in January 2021, would your conclusion be: masks sure lowered the number of cases?

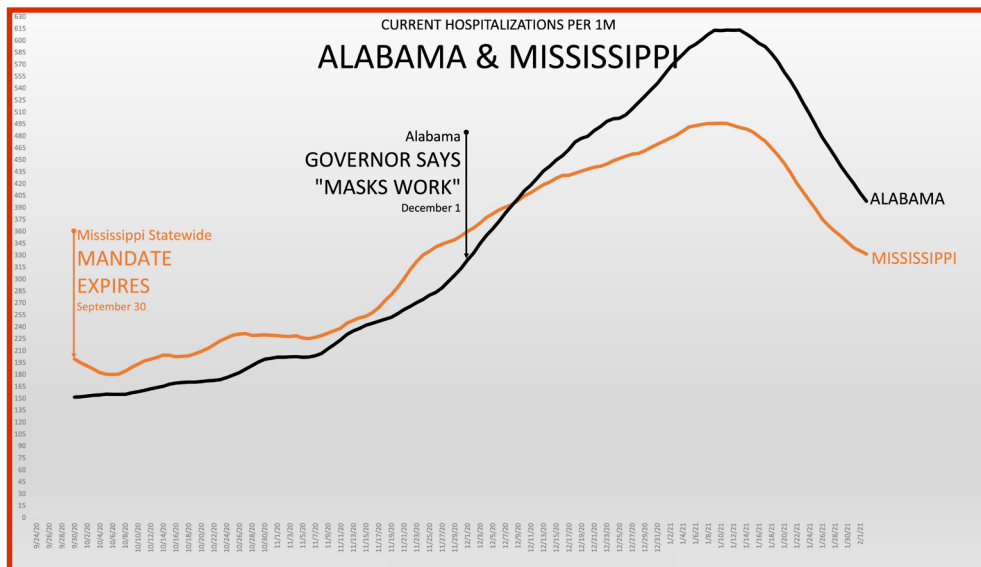
Are you not instead inclined to wonder: why on January 5 is the CDC Tweeting about the results of a study that concluded all the way back in June, and since which time hospitalizations have exploded even as mask usage has held steady or grown?



Here are Alabama and Mississippi. Their mask mandates went into effect at different times, and in fact Mississippi's eventually expired. Same curve:

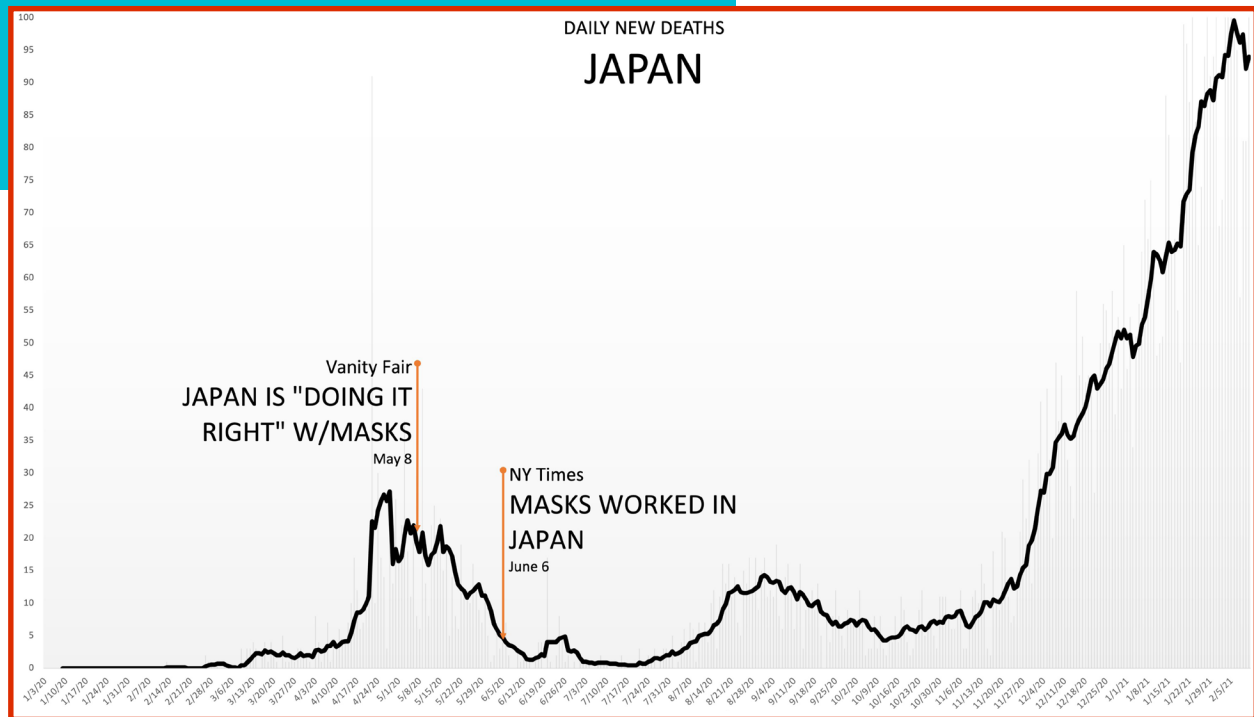


Source: Covid Tracking Project - 14 Day Avg. | [Twitter: @ianmSC](https://twitter.com/ianmSC)



Source: Covid Tracking Project - 7 Day Avg. | [Twitter: @ianmSC](https://twitter.com/ianmSC)

Here's Japan, and the *New York Times* confidently insisting that masks worked in Japan. People wear masks regularly in Japan, you see, they told us.



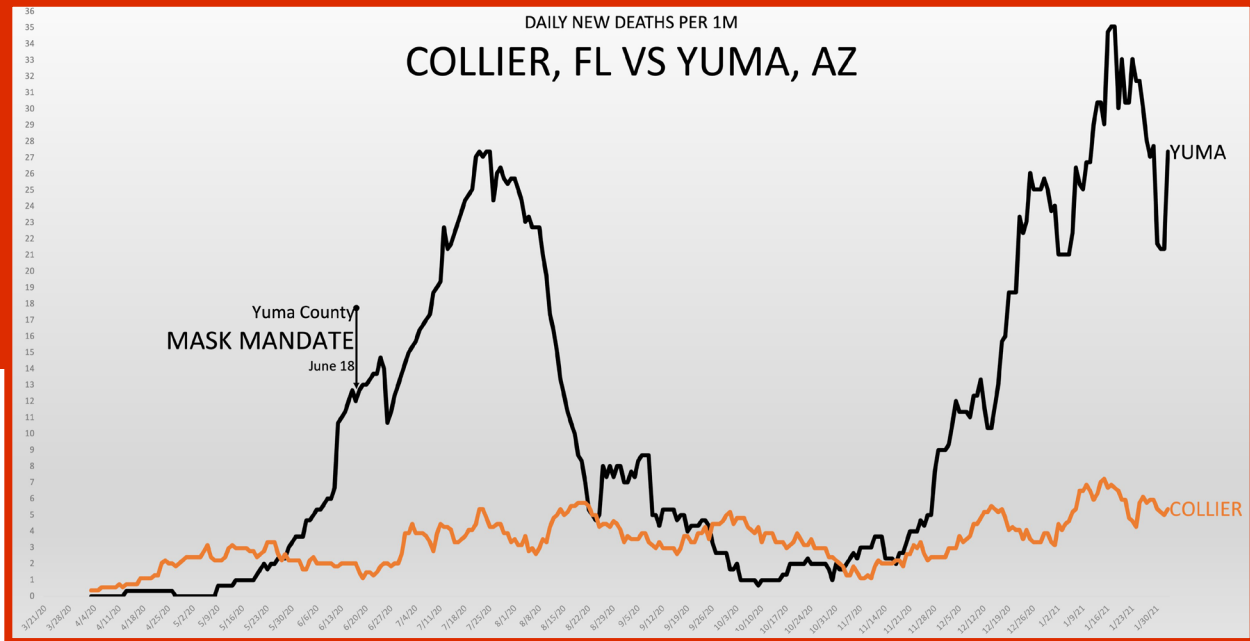
Source: World Health Organization - 7 Day Avg. | [Twitter: @ianmSC](#)

So how do they explain the explosion in cases since their article? By retracting their irresponsible guesswork about what brought cases down? Of course not, silly! They just pretend they never wrote that.

In February 2021, an appalled Shepard Smith showed a video from a store in Naples, Florida, in which people weren't wearing masks!

I mean, don't these people know there's a pandemic?

On Twitter, a physician in Yuma, Arizona, who uses the handle @Cleavon\_MD, in response to the video from Naples said we should "let 'em die" for not wearing masks. Oddly, his county has had far more deaths per capita than Collier County, where Naples is:



Source: The New York Times - 14 Day Avg. | [Twitter: @ianmSC](https://twitter.com/ianmSC)

The excuse factory will search for evidence that Naples is less dense or has a younger population. Nice try, but no dice. As Ian Miller notes, it's Yuma that's less dense: 35.5 per square mile versus 187. Collier County is also much older: 50.8 vs. 34.6. Yuma's cumulative deaths per million are 214% higher.

Maybe our physician should focus on his own area first before taking to social media to express his outrage at a county – which is doing much better than his own – on the other side of the country.

# MASK MANDATES

For a presentation I gave in early November 2020, I showed some European graphs without showing the date on which the various mask mandates went into effect. I wanted to see if the audience could guess. Surely it's the part of the graph where cases are peaking, and then because of the masks the numbers come down, right?

Of course, you already know the answer. It's entirely random.

## TAKE A LOOK:



Source: Our World in Data | [Twitter: @yinow](https://twitter.com/yinow)



Source: Our World in Data | [Twitter: @yinow](https://twitter.com/yinow)



Source: Our World in Data | [Twitter: @yionw](#)



Source: Our World in Data | [Twitter: @yionw](#)



Source: Our World in Data | [Twitter: @yinow](https://twitter.com/yinow)

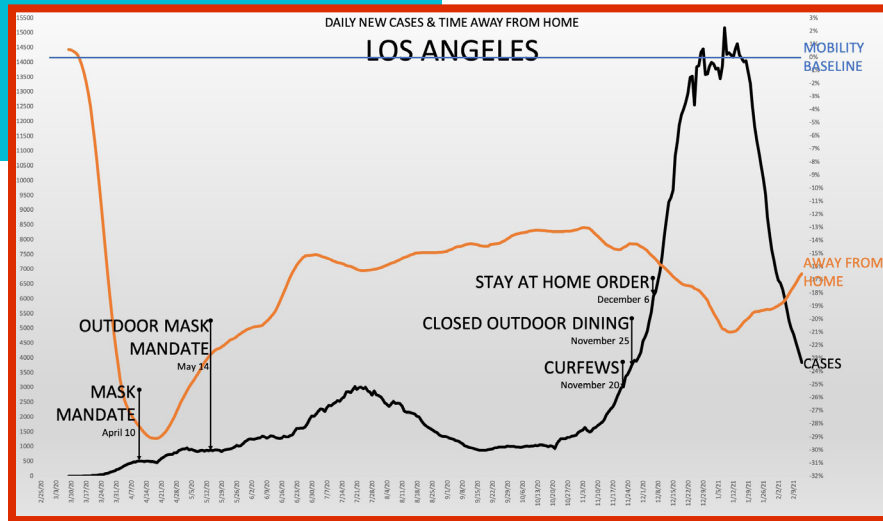


Source: Our World in Data | [Twitter: @yinow](https://twitter.com/yinow)

Also showing random results are charts of mobility.

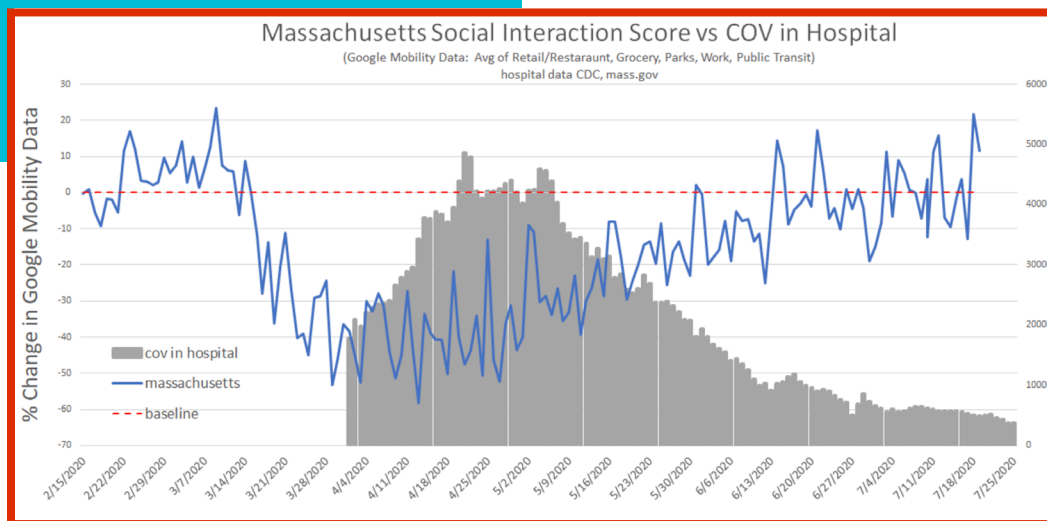
People staying home, and/or “social distancing,” should result in better numbers, we’ve been told. And yet, far from showing any such connection, the numbers are completely random.

Here’s mobility in Los Angeles, with numbers going up and down randomly:



Source: trackingtherecovery.org & the New York Times | [Twitter: @ianmSC](https://twitter.com/ianmSC)

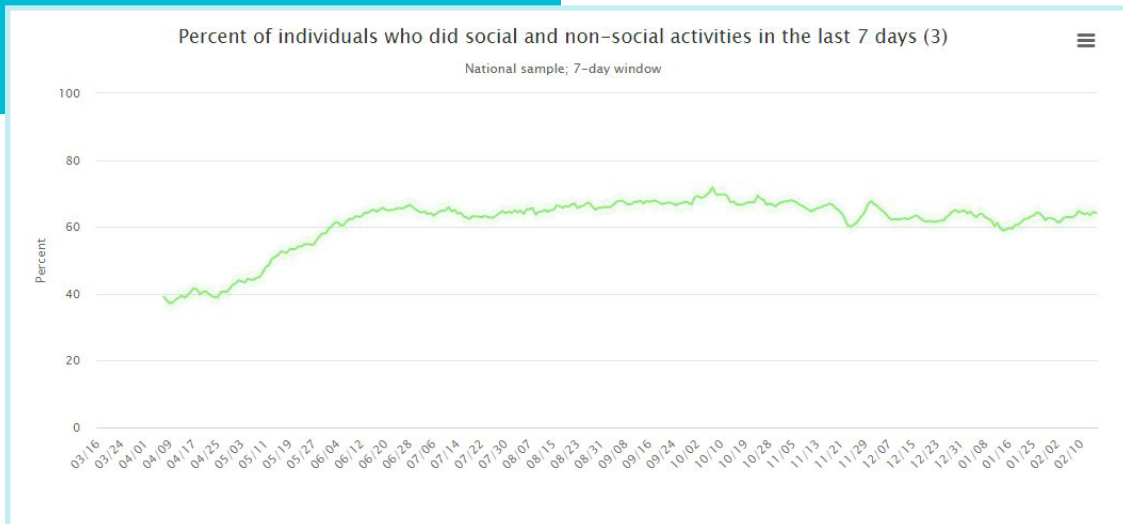
Here’s mobility in Massachusetts, again with no relationship to health outcomes:



With numbers coming down sharply in February, we've heard that this must mean people are "following the science" by staying home. But as you can see, mobility has been roughly constant since late June 2020:



The same goes for "social distancing" and avoiding people from other households – the numbers show no change:






Dr. Fauci blamed the fall surge not on seasonality but on people getting “loose with their mitigation measures.” But in fact, if anything the numbers for retail and recreation show a slight decline in the fall:



Source: Google COVID-19 Community Mobility Trends – Last updated 2/20/2021, 15:02 (London Time)  
Note: It's not recommended to compare levels across countries; local differences in categories could be misleading.  
[OurWorldInData.org/coronavirus](https://OurWorldInData.org/coronavirus) | CC BY



*Graph the results any way you like: lockdown stringency, people's mobility patterns, mask mandate dates, whatever. The results are completely random. They absolutely do not show a clear pattern whereby ruining your life solves the problem.*

They can't admit that none of it has worked, that the virus has its way regardless of our feeble interventions. They can't admit that they depleted people's savings, caused millions of avoidable deaths (remember, even the *New York Times* admits that the disruptions caused by lockdown will mean over two million otherwise avoidable deaths from tuberculosis, HIV, and malaria), and ruined people's lives for nothing.

But we know the truth.

*(Special thanks to Ian Miller – [Twitter: @ianmSC](https://twitter.com/ianmSC) – and Yinon Weiss – [Twitter: @yinonw](https://twitter.com/yinonw) – for their important charts!)*



Tom Woods is the winner of the 2019 Hayek Lifetime Achievement Award, given by the Hayek Institute and the Austrian Economics Center in Vienna. He is the *New York Times* bestselling author of 12 books, and holds a Ph.D. in history from Columbia University. His weekday podcast, the Tom Woods Show, has been keeping people sane throughout the virus fiasco.

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