

Using Statistics to Get Your Way in Politics

It is unlikely that pundits, politicians, and the general public have ever been so obsessed with numbers as they are right now. I speak, of course, of the numbers surrounding deaths and illnesses attributed to COVID-19.

For months now, every new day has brought new headlines about total COVID-19 infections, total deaths, and estimates put out by models claiming to predict how many deaths will soon occur.

These numbers have become the focal point of many politicians' careers. This is especially true for state governors and other politicians in executive positions, who now in this time of "emergency" essentially rule by decree. New edicts are regularly issued by policymakers, allegedly based on an assessment of the all-important numbers. These decrees may unilaterally close businesses, cut people off from important medical procedures, ban religious gatherings, or even attempt to confine people to their homes. Those who refuse to comply may have their livelihoods destroyed.

"The Number" becomes the standard by which all behavior is judged. Will Activity X increase The Number or decrease it? For those who wish to engage in Activity Z, they must first prove that it will not increase The Number. Nothing shall be allowed that doesn't have a good effect on The Number.

But there's a problem with this way of doing things: the number in question only tells us about the one thing being measured. If we only have a number for that one thing, then we tend to ignore all the other things that aren't being assigned a number.

Focusing on One Number, Ignoring Others

Things get even more lopsided if one number is being continually updated in real time while other numbers are updated only occasionally.

We can certainly see all of this at work in the COVID-19 debate. During March 2020 much of the population suddenly became very interested in the latest COVID-19 totals. Johns Hopkins University created a website to show the spread of the disease, and Worldometer – a site normally only useful for checking the population of, say, Bolivia – began publishing continually updated numbers on total COVID-19 cases and deaths. Models predicting the future course of the disease began to spring up. The ever-rising total deaths number then was compared against the predictions of the models – such as [the Imperial College London model predicting more than 2 million deaths in the United States](#).

This immediately changed the terms of the debate over what measures to take in response to COVID-19. Faced with rising COVID-19 numbers at Worldometer and related sites, and accompanied by news stories [asserting that hospitals everywhere would soon run out of room](#), panicky voters began to demand action from politicians.

“Look at that terrible number!” was essentially the “argument.” This was followed by the phrase “do something!” Seeing that their opportunity to seize vast new powers had arrived, health bureaucrats were quick to pounce: “quarantine everyone!” they demanded. “There’s no time to consider the downside.”

Ignoring the Costs of COVID-19 Shutdowns

Nearly overnight, the only numbers that mattered anymore were the COVID-19 numbers.

When the advocates for coerced “lockdowns,” business closures, and stay-at-home orders finally prevailed, a minority nonetheless asked: What are the negative effects of these measures?

These people were thoroughly ignored. *They* didn’t have any continually updating, media-friendly, easy-to-access numbers on their side.

In fact, the numbers that illustrated the dark side of lockdowns and stay-at-home orders only began to trickle out, and without any online ticker to announce every new case.

For instance, in April doctors began to report that they were seeing more cases of [severe child abuse](#) (both [sexual](#) and nonsexual) than before the lockdowns. The lockdowns cut children off from relatives and settings that offered an escape from abuse. Moreover, the likelihood of abuse increased as the lockdown put more financial and emotional stress on families. But did child abuse receive much media attention? Certainly not. Child abuse victims have no dedicated website with a number that’s posted daily at CNN or the Drudge Report.

We encounter a [similar problem with suicides and drug overdoses](#). Although there is much evidence that [suicides](#), [drug overdoses](#), and other “[deaths of despair](#)” have increased as a result of lockdowns, these threats to life and limb have received little attention from politicians and media outlets looking to maximize fears of COVID-19. Once again, suicides and drug overdoses have no “daily death toll” relentlessly featured in media stories. These deaths aren’t counted in real time.

Even worse, perhaps, are the measures adopted by state governors that reduce access to essential medical care. As a result of this widespread effort to deny basic medical care to non-COVID patients, [hundreds of doctors in May](#), organized by Dr. Simone Gold, [published an open letter to Donald Trump calling for action to end the medical lockdowns](#). The letter states that the Americans denied treatment under COVID lockdowns include

150,000 Americans per month who would have had a new cancer detected through routine screening that hasn't happened, millions who have missed routine dental care to fix problems strongly linked to heart disease/death, and preventable cases of stroke, heart attack, and child abuse. Suicide hotline phone calls have increased 600%.

Further complicating matters is the fact that many of the negative repercussions of lockdowns and business closures lead to *long-term* costs. We know that [unemployment brings higher mortality due to a wide variety of ailments](#), long after the initial period of unemployment.

It's Easy to Ignore What You Don't Measure

Yet the impact of unemployment on mortality and mental health was almost entirely ignored. This was partly due to the fact that unemployment numbers are not updated daily, as COVID-19 numbers are. The fact that 40 million Americans lost their jobs during the lockdowns – and more than 20 million remain unemployed today – continues to be treated as a minor affair. Any increased mortality that results will be labeled simply as a “heart attack.” No connection will be made to the COVID-19 lockdowns.

Thus, the Gold letter continues:

The millions of casualties of a continued shutdown will be hiding in plain sight, but they will be called alcoholism, homelessness, suicide, heart attack, stroke, or kidney failure. In youths it will be called financial instability, unemployment, despair, drug addiction, unplanned pregnancies, poverty, and abuse.

In other words, there will be no media-friendly website listing the long and lingering effects of the lockdowns. There will be no list of abused children, the destitute, the suicides, and the victims of drug abuse who couldn't get the help they needed. There will be no list of [cancer patients denied care](#) because their states' governors decided cancer diagnostics were "elective" medical procedures.

Indeed, so unimportant are the deaths and illnesses uncounted in any any government tally, that politicians are now talking about another round of stay-at-home orders and lockdowns. Los Angeles city officials are threatening to impose new lockdown measures, and [at least one county in Texas](#) has implemented a stay-at-home order.

Those who support these measures need only point to the official statistics: "see, we must do something to keep this COVID-19 number from getting bigger!" The number will be there for all to see.

But the child abuse, the suicides, and the cancer deaths? There's no Worldometer number to point to.

There's an important lesson here. Since the nineteenth century, government [bureaucrats, politicians, and other advocates for more government action have sought greater use of government statistics as a means of justifying government interventions](#) in the marketplace. In this way of thinking, that which is measured is that which merits government planning.

It's simply another illustration of Frederic Bastiat's lesson of ["the seen" versus "the unseen."](#) As with most government interventions, the public is only interested in the easily seen "benefits" of government intervention. All the unseen costs of that intervention are simply ignored. Paying government workers to provide a "service" that almost nobody wants? That "creates jobs." That can easily be seen and measured. The lost wealth that results from such a pointless endeavor? That's hard to measure, and can be ignored.

But we're now learning that in order to be counted among the "seen" it's not enough to just have an occasionally updated statistic. If we want our statistic to receive a lot of attention, it must be easily found by the public and be easy for journalists – most of whom lack the skills to engage in serious research – to use. A daily updated COVID-19 death number will beat an annual estimate of drug overdoses any day.

This is partly why the pandemics of 1958 and 1969 received so much less attention – [even though the 1958 pandemic remains deadlier than the current pandemic.](#) Those pandemics had no website and no concerted media effort to maximize attention paid to a daily mounting death toll.

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