Reflections

Looks Like a Conspiracy but Is Not a Conspiracy

Big Government, Not Big Pharma, Explains the Response to the COVID-19 Pandemic

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From the very beginning, the COVID-19 crisis management could have hardly been considered rational. Many governments had prepared plans for dealing with exactly this kind of pandemic after the 9/11 attack in 2001 (Socol et al. 2023), and the World Health Organization published the last version of its preparedness plan in 2019 (WHO 2019). This plan included, among other things, the following recommendations:

- Because social-distancing measures "can be highly disruptive," they should be carefully weighed.
- Travel-related measures are "unlikely to be successful," so health authorities should only provide advice.

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- "Border closures may be considered only by small island nations in severe pandemics."
- Contact tracing and quarantining exposed individuals should not be undertaken under any circumstances.

All of these plans were shelved overnight. Contrary to what was written in these plans:

- "Highly disruptive" social-distancing measures were imposed without any serious consideration (Yanovskiy and Socol 2022).
- Travel restrictions were imposed everywhere.
- Nearly all national borders were closed.
- Contact tracing and quarantine enforcement were implemented on law-abiding citizens of democratic countries through surveillance methods that had previously been carried out only by court order for the most dangerous criminals.

At later stages:

- Face masks became obligatory even though their effectiveness had not been proven despite having been studied for decades (PECC 2022).
- Cheap medicines like hydroxychloroquine and ivermectin, considered safe for decades and apparently effective against COVID-19 (McCullough et al. 2020), were effectively banned via sanctions against physicians who prescribed them. In one case, a doctor was not only stripped of her license but also ordered to undergo psychiatric examination (Strozevski 2022).
- On the other hand, novel inoculations were enforced in most countries including the United States by draconian laws—raising extremely uncomfortable connotations (Sharav 2022)—immediately after the Emergency Use Authorization. Informing patients of the potential dangers of these inoculations led to disciplinary actions, including revocation of medical licenses (Hiltzik 2021). Information regarding the adverse outcomes of these inoculations was classified and only emerged much later. For example, it was revealed that during the third and fourth quarters of 2021, the death rate in people of working age (18–64) in the U.S. was 40 percent higher than it was before 2020 (Dowd 2022). Myocarditis cases reported subsequent to inoculations are currently typically classified as adverse reactions linked to mRNA-based medications (Oster et al. 2022).

This anti-scientific and seemingly illogical assault on freedom worldwide appears to have been a highly coordinated and even preplanned action (Kennedy 2021; Tucker 2022). Many authors have suggested that Big Pharma took over governments through direct and indirect bribery, as it was the immediate beneficiary of these policies (Jureidini and McHenry 2022); this claim was made even before the COVID pandemic (Morgan and Duffy 2019). Furthermore, some international activities

that allegedly aimed to coordinate this assault were highly visible. For instance, the "Great Reset" program of the World Economic Forum (or Davos Forum) is often interpreted as evidence that the WEF coordinated COVID policy or even planned the pandemic (Kennedy 2021; Breggin and Breggin 2021; Sharav 2022).

Is it so important to determine who was the driving force behind the negative developments? Yes, it is important to discover the source of threats in order to find the correct answer. We need to define the real driving force behind the assault on freedom, so we can push reforms to restore our freedoms and prevent future assaults thereon.

So, is it reasonable to blame private actors like "Big Pharma" and influential rich people like Bill Gates, George Soros, and Mark Zuckerberg, who were widely claimed to be the driving force behind the assault on personal freedom? Is it reasonable to believe that the above-mentioned private persons and special interest groups succeeded in capturing governments in order to run the world?

No, it is not. As we will show below, Big Government, not Big Pharma or anyone else, was the ultimate source of the ineffective and misguided reactions to COVID-19 that assaulted basic human liberties.

Why Neither the Davos Forum Nor Big Pharma

Those who suspect an international coordination of efforts to limit personal rights usually refer to the possibility of bribery of politicians by international bodies. These fears are greatly exaggerated.

The more power a politician has, the *less* dependent he is on donations. Moreover, a politician can justifiably explain donations as a donor's investment in "good relations," absolutely not as a payment that creates obligations on the politician's part. Politicians are known to be more or less independent of their donors (Tullock 2005).

Although politicians often enjoy attending multilateral meetings and international forums, most of them are aware of the low interest of voters in their international activity. Politicians who are popular outside their own country are often not very popular at home. As an extreme example, in 1991 the Soviet leader Mikhail Gorbachev, known and accepted all over the world, lost to Boris Yeltsin despite the latter being hardly known outside Russia. Accordingly, visits to such forums are more a kind of recreation for politicians than participation in international coordination of efforts against their constituents.

It is also highly improbable that the media, for example, could have been "bought" by Big Pharma: the media is at least as rich. Just for example, Pfizer's revenues are about $80 billion to $100 billion per year.[1] For comparison, Google has $200 billion to $270 billion,[2] and Facebook $80 billion to $100 billion.[3]

1. https://www.pfizer.com/sites/default/files/investors/financial_reports/annual_reports/2022/performance/.

2. https://www.statista.com/statistics/266206/googles-annual-global-revenue/.

3. https://www.statista.com/statistics/268604/annual-revenue-of-facebook/.

Big Pharma gets profits, but also takes huge reputational risks. The profits for a few major pharmaceutical companies from mandated vaccinations and the suppression of discussion about vaccine safety are undeniable. However, the significant increase in profits did not last even three years. On the other hand, reputational damage and lawsuits—with an increase in reports of severe side effects—could lead to long-term losses far exceeding the additional profits of 2021–2022.

And even the short-term gains of pharmaceutical companies should be compared with the gains of bureaucrats who expanded their powers and created a precedent for obtaining emergency powers without convincing evidence of the need for them.

The hypothesis that powerful private players control governments contradicts well-known facts about the incredible vulnerability of businesses to political pressure on a regular and massive basis, even during periods often portrayed as dominated by business oligarchs and corrupt politicians and judges (Glaeser and Shleifer 2003). President Theodore Roosevelt cultivated a public image of being a strong leader capable of restraining the power of Big Business—a "trust buster" (Dana 1905). Consequently, his administration invoked the Sherman Antitrust Act of 1890 to target J. P. Morgan as a demonstrative reprisal against Northern Securities, one of the largest companies in the world (Acworth 1905). Morgan attempted to dissuade the president and settle the issue, but faced a blunt rejection. When Morgan pursued legal recourse, he lost in court,[4] indicating that the judiciary was not significantly influenced by Big Business. Morgan refrained from seeking revenge through the 1904 election and even contributed to Roosevelt's campaign.[5] Furthermore, Roosevelt's successor, William Taft, continued similar policies by initiating proceedings against John D. Rockefeller's Standard Oil without clear economic justification (Armentano 1999).

Much later, the so-called truth initiative[6] against tobacco companies gave an excellent example of how a huge industry (tobacco) serving nearly half of the population (42 percent in 1963)[7] can be easily subdued by the government. Instead of being able to fund research promoting its own agenda through the Center for Indoor Air Research (CIAR), the tobacco industry had to dissolve the CIAR under the Master Settlement Agreement in 1998[8] and was forced to fund a pro-government (pro-regulatory) research agenda.

In this regard, Rothbard (2002, 184–85) notes the convergence of interests on the part of Big Business and the state in expanding regulation to protect business

4. *Northern Securities Co. v. United States*, 193 U.S. 197 (1904). https://supreme.justia.com/cases/federal/us/193/197.

5. https://millercenter.org/president/roosevelt/campaigns-and-elections.

6. https://truthinitiative.org/.

7. https://www.prb.org/resources/not-all-americans-are-smoking-less.

8. https://www.ag.idaho.gov/content/uploads/2018/05/MSA.pdf. See page 32.

from the competition of energetic newcomers and receive higher profits. Rothbard and de Soto (1989) describe examples of the desire of the largest entrepreneurs to load the entire industry with regulations that would represent a less heavy burden for them than for less powerful competitors. It is sufficient to recall examples from Morgan to George Soros; the latter actively lobbies and promotes excessive market regulation (Soros 1998).

That is, Big Business players, seeking to limit competition with the help of the state, are usually hostile to each other and to the competitive business as a whole. This situation does not contribute to creating conditions for Big Business players to take control of world politics. At the same time, there seems to be no reliable way to build reliable and long-term workable private collusion mechanisms without government-imposed barriers (Armentano 1986).

Why Big Government

Big Government, not Big Pharma, is a strongman, an elephant in the room. Government agencies tend to expand the scope and scale of their tasks—and, respectively, power and budget—in order to perpetuate current positions, establish new bureaus and departments, and thus expand career opportunities. The interest of governmental agencies and bureaus to pursue more spending under their operational control has been described by Ludwig von Mises (1944) and William Niskanen (1971).

The True Source of the Health Care Crisis

Niskanen's hypothesis is strongly supported by the mounting evidence of the government's expanding economic burden since 1918 (that is, following World War I). The contemporary era witnesses budget deficits and the escalation of public debt, particularly during peacetime. This pattern consistently emerges despite the general decline in military spending as a percentage of GDP (Yanovskiy and Zatcovetsky 2017). The prevalence of peacetime budget deficits and financial instability in well-established democratic nations underscores that the process of extracting funds from both current and future taxpayers occurs without seamless and consistent coordination among departments, ministries, and agencies, all while the government's size tends to grow continuously.

The agencies' vested interest in maximizing their authority and discretionary power, collectively constituting "the state," was notably highlighted by Jasay (1985).

The above-mentioned tendencies are consistent with both altruistic (public interest) and private (conflict of interest) motives. However, the COVID policies mentioned above—which restricted liberty, harmed the economy, and did not protect public health effectively—suggest that altruism was not the driving force of public policies.

An implicit conflict of interest of public decision-makers—government officials—is always present. These decision-makers are human and may well act subconsciously in their best interest: "A bribe blinds those who have sight and perverts the words of the righteous" (Exodus 23:8).

And we should immediately mention that overstating the severity of the coronavirus crisis served Big Government's goals. On the other hand, disseminating knowledge about effective means to manage the pandemic like hydroxychloroquine and ivermectin and about adverse effects of lockdowns and vaccines jeopardized the above goals.

Big Pharma is clearly involved in the activities of special interest groups, but the direction of influence in its relations with officials is often confused. In the "government official–Big Pharma management" pair, the strong side is the government official, dictating his will to business, even to the largest. Without approval of the FDA, Big Pharma completely lacks access to the market. In fact, the very existence of modern Big Pharma is unthinkable without the risks and costs imposed by the FDA: government-imposed costs are driving small and medium-sized firms and start-ups out of the market. The harm to competition due to new powers that the FDA has acquired since 1962 has been noted by Peltzman (1973), Dimasi et al. (1995), and Sauer and Sauer (2007).

Big Government's "purchasing power" buys experts, university professors, and publications without any conflict of interest declared. You find conflict-of-interest declarations everywhere if the research is supported by Big Pharma, but never when the research organization is supported by public funds, like the National Science Foundation, National Institutes of Health, the French National Research Agency (ANR), etc. And such research often promotes expanding governmental power.

The total amount of resources Big Pharma could invest in the "bribery" of experts and politicians is minuscule compared with governmental spending on science and R&D. The U.S. government spends up to $40 billion yearly on health research programs only,[9] mainly administered by the National Institutes of Health.[10]

Morgan and Duffy (2019) assert that Big Pharma successfully "captured policymaking" in the U.S. through an annual lobbying expenditure of approximately $30 million.

Pharmaceutical companies' share of the overall expenditure on lobbying, spanning all branches and levels of government, typically constitutes approximately 1 percent (just above $40 million out of $4.1 billion).[11] Although pharmaceutical associations and companies, specifically Pfizer, stand as some of the largest "consumers" of lobbyist services, dozens of other firms and associations allocate

9. https://www.whitehouse.gov/wp-content/uploads/2022/03/hist03z2_fy2023.xlsx.

10. https://officeofbudget.od.nih.gov/approp_hist.html.

11. https://www.opensecrets.org/federal-lobbying/summary (General spending).

comparable amounts. Moreover, two leading entities invest over $80 million dollars each annually.[12]

Chu (2008) provides more detailed data on campaign contributions by the pharmaceutical industry, citing the website OpenSecrets. The pharma campaign contributions were below $30 million per election cycle up to the year 2006. The latest data (2022) from OpenSecrets indicates a total spending of about $*40 million*.[13] In contrast, combined spending for House campaigns in 2022 exceeded $*1.7 billion*,[14] with typical campaign costs in highly competitive districts, such as New York's 19th,[15] amounting to around $6.6 million: in NY 19, the winning candidate spent about $2.5 million, while the losing candidate spent over $4.1 million. Therefore, electoral "investments" carry significant risks, and their outcomes are difficult to predict. It is unlikely that even an electoral genius with full control over $40 million in a united fund, not distributed by individual firms at their discretion, could successfully capture Congress.

Overall spending on all electoral campaigns during recent two-year electoral cycles made up over $15 billion ($15,435,517,216) for 2019–2020 (including presidential elections) and over $9 billion ($9,159,662,377) for the 2021–2022 cycle.[16] Top pharmaceutical corporations endowed less than $12.3 million (a pretty tiny share), and overall spending of all health sectors made up $283 million for the same cycle (about 3 percent).

Chu's suggestion that campaign donations result in improvements in intellectual property protection for the pharmaceutical industry should be complemented by an analysis showing that, even with such improvements, FDA procedures typically consume approximately half of the patent protection term (Sauer and Sauer 2007).

Proponents of Big Pharma's "strongmanship" often invoke the "revolving door" argument (Morgan and Duffy 2019). The revolving-door phenomenon is well known—high-ranking officials move from government and the public sector to the private sector, and vice versa. This argument is based on the assumption that businesses are willing to reward former government officials after they leave the civil service, treating them as if they were *their own* employees. The argument also assumes implicitly that businesses are willing to take on significant reputational risks to demonstrate loyalty to their "former employees." Such assumptions do not appear reasonable. Actually, the revolving-door practice can be better explained by the assumption that high-ranking civil service officials are the true rulers. In other

12. https://www.opensecrets.org/federal-lobbying/top-spenders?cycle=2022 (accessed August 18, 2023).

13. https://www.opensecrets.org/industries.

14. https://www.fec.gov/updates/statistical-summary-of-18-month-campaign-activity-of-the-2021-2022-election-cycle/.

15. https://www.fec.gov/data/elections/house/NY/19/2022/.

16. https://www.fec.gov/data/browse-data/?tab=spending.

words, ex-officials are hired precisely because they represent real power, even with their residual influence and remaining contacts within the system.

Proponents of the conspiracy theory often point to the CARES bill, which established a legal and budgetary framework for broad governmental intervention in the COVID-19 crisis. The bill was introduced one year prior to the pandemic by a Democrat legislator, Joseph Courtney from Connecticut,[17] known for supporting a larger role of government. The bill passed in the House with an overwhelming majority of 419 to 6 on July 17, 2019, and subsequently passed unopposed in the Senate, during the COVID-19 crisis. It was signed into law in March 2020.

Although the early introduction of the bill could be interpreted as the implementation of a special plan, it can also be explained as routine efforts by bureaucrats and pro-welfare-state politicians to advance and solidify their agenda. In both scenarios, there is no specific need for active participation by the pharmaceutical industry. Although the industry undoubtedly benefited in the short term, it came at the cost of potential long-term reputational damage. Bureaucrats benefited on a permanent basis by establishing a precedent of seizing significant power without a compelling justification (Yanovskiy and Socol 2021).

The same holds true for the unprecedented speed of authorization for mRNA vaccines and the imposition of a unified treatment protocol across the country. During any emergency, the governmental bureaucracy typically seeks to expand its power and funding. It often advocates for the creation of new entities and bodies that are granted new funds and discretionary power—with the realistic expectation that government will remain permanently larger and more powerful after the crisis ends (Higgs 1987).

Operation Warp Speed, as a public-private partnership, was managed by various departments, including Defense and Health and Human Services, making it highly challenging for elected politicians to exercise control over its activities. In this case, the broad bureaucratic interest in exploiting the crisis opportunity is evident. The establishment of this partnership (with $10 billion in funding) under the Trump administration could be the result of successful lobbying efforts for previously prepared plans, or the result of natural bureaucratic incentives. The opportunity to secure $10 billion in funding appears significantly less important than gaining unprecedented control over the decision-making of every single practitioner, under the pretext of an emergency. To achieve this power, urgent FDA approval became a vital necessity. It is important to stress that bureaucracy's power has been on the rise for over a century, and it has currently surpassed the power of Congress in the distribution of public funds (Sanders 2004, 337–38).

Although we cannot exclude the possibility of lobbying efforts by Big Pharma in this case, it is not a necessary factor, as the powerful coalition of federal bureaus had a vested interest in urgent solutions to consolidate their emergency powers.

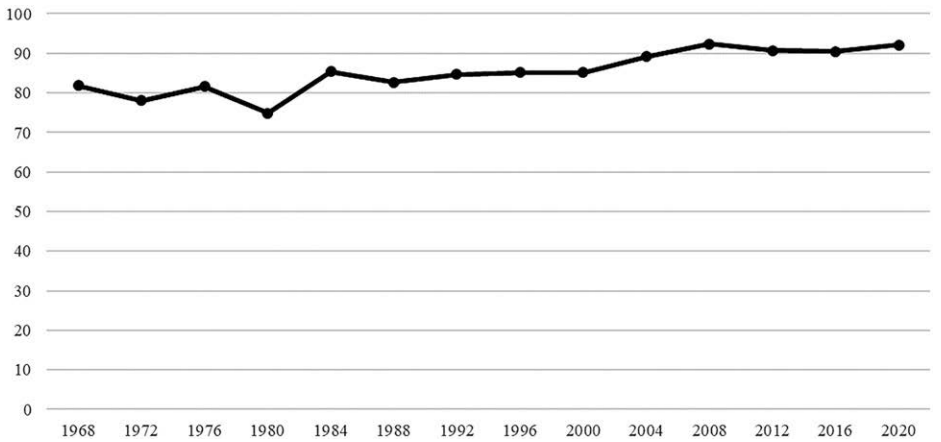
17. https://www.congress.gov/bill/116th-congress/house-bill/748.

The rapid approval of vaccines by the FDA, despite the lack of long-term health outcome data, serves as another, albeit unusual, piece of evidence regarding the discretionary power of Big Government. For instance, the FDA's traditional use of its power during the pandemic resulted in delays in public access to affordable testing kits (March 2021a, 2021b). The FDA's general mode of operation has not significantly changed. Although the emergency approval of vaccines was likely a difficult decision for the FDA, the argument of a national emergency helps deflect the requirement to shorten approval procedures for all drugs. Even if this decision was influenced by pressure from fellow bureaucrats, the precedent of having more or less discretionary choices between routine and emergency approval methods could serve the FDA's best interests in the future.

So, if the narrative of the rapid approval of mRNA vaccines aligns with conspiracy theories, then the only plausible option is a conspiracy involving federal civil bureaucrats (including experts) and pro–Big Government politicians.

Researchers seldom highlight the complete alignment of political views between Washington bureaucrats and politicians advocating for a large and caring government with flexible budget constraints and almost unlimited discretionary power (figure 1). However, this alignment creates opportunities for both preplanned coordination and successful ideologically driven coordination based on regular efforts, which can be interpreted post facto as preplanned by foreign observers of the system.

Figure 1
Electoral Support of the Democratic Party in the District of Columbia, 1968–2020
(in percentage of votes cast)



Source: District Columbia Board of Elections, Elections Results Archives. Accessed February 28, 2024. https://dcboe.org/Elections/Election-Results-Archives. District Columbia Board of Elections, General Election 2020: Certified Results. Accessed February 28, 2024. https://electionresults.dcboe.org/election_results/2020-General-Election.

The capacity and opportunities of social bureaucrats, supported by pro–Big Government politicians, to influence dependent voters through incentives can result in the development of a highly influential political machinery (Jasay 1985; Yanovskiy and Zhavoronkov 2018). The initial version of this machinery as observed in the United States since 1933 is described by Folsom (2008). Both bureaucrats and politicians share strong incentives to collaborate, including situations such as implementing lockdowns on their constituents (Karadimas 2022). Coordination for their collaboration does not necessitate travel to Davos, leaving Washington and state capitals.

Aiming at the Most Formidable Adversary or Fighting Windmills?

Viewing a big and unlimited government as the true source of the health care crisis during the COVID-19 pandemic (Yanovskiy and Socol 2021, 2022; Karadimas 2022) not only provides a better explanation than conspiracy theories or the capture of government by Big Pharma, but also offers sound policy advice that is not contingent upon the actual type of coordination among pro–Big Government coalitions—whether it is preplanned activity or coordination based on shared strong interests and an in-depth understanding of the "rules of the game." There is little utility in fighting against Davos Forum conspiracy theories. However, individuals can certainly make a difference during elections by promoting and implementing radical reductions in government functions, powers, and funding.

The Ways People Coordinate Collective Actions

Speaking about conspiracy, we should stress that in many cases cooperation can happen even in the absence of communication. The members of a group do not need to hold meetings or even be in contact in order to achieve coordination—albeit imperfect but sufficient to achieve their common goals. It is enough to know about the existence of each other, about the commonality of goals and the "rules of the game." A model for such a situation can be the well-known "problem of twenty mathematicians."

Twenty mathematicians participate in the game. They are in separate rooms without any possibility of communication. Each room has two buttons—white and black. Everyone gets a million dollars if one and only one (no matter who!) presses the black button and everyone else presses the white button. Every mathematician knows that

- they are all mathematicians
- they are exactly twenty
- everyone is given the same task

What to do?

Answer: Everyone must use a random number generator and press the black button with a probability of 1/20. If so, the probability of winning is close to

40 percent(!). Interestingly, if there are one hundred, one thousand, or more mathematicians, the probability of winning with this strategy practically does not decrease, converging from above to about 37 percent.[18] Thus, coordination doesn't require communication or a "conspiracy" at all.

However, in the real world there are many more opportunities for collaboration than in this example. Among the well-known mechanisms for coordinating the actions of nonnegotiating participants is the market process, when nonnegotiating sellers and nonnegotiating buyers are guided by freely set prices. Another example is the movement of cars on a highway with many lanes, where knowledge and observance of relatively simple rules that everyone is "expected to obey" (Heyne 1973) is usually enough for everyone to reach the goal without accidents and in a reasonable time. However, coordination is possible, unfortunately, not only in processes leading to the maximization of the common benefit.

Small groups with strong interests and a high degree of coordination can successfully impose tribute on society if the amount of an individual tribute is less than the sufficiently high costs of coordinating the collective actions of members of the society (Olson 1965). Usually, the position that allows both coordinating actions and imposing tribute on society is a position within the bureaucracy of the executive branch of the modern welfare state. The expansion of such groups can increase the regulatory and tax burden and slow economic growth (Olson 1982).

The situation is complicated by the ability of bureaucrats to bribe part of the electorate at the expense of the budget—that is, at the expense of other taxpayers (Jasay 1985).

For example, many strange and radical initiatives of education researchers (which ultimately reduced the quality of education significantly) have been quickly picked up and promoted by different interest groups—bureaucrats, trade unions, politicians. Among these initiatives are attempts to limit the influence (and even knowledge) of parents regarding the process of the education of their children in public schools. Other initiatives include the displacement of traditional (labor-intensive) subjects in favor of subjects that prepare the student for participating in campaigns rather than for advancing science, technology, business, or culture. Examples of "successes" achieved not in market competition, but by means of "social activism" (participation in protest campaigns, for example)—that ensure that leaders achieve a prominent social position and guaranteed incomes—influence the education programs in many private schools as well.

18. *Solution*: If everyone presses the black button with probability 1/n and the white button with probability (n–1)/n, then $(1/n) \times [(n-1)/n]^n$ is the probability that the given participant will press the black one and all the others will press the white one. There are exactly n such participants. The probability of winning is therefore $n \times \{(1/n) \times [(n-1)/n]^n\} = [(n-1)/n]^n$. For large values of n, this number converges to $1/e$, where $e \approx 2.72$.

Conclusions

Common interests, strong incentives, and classified knowledge make special coordination efforts unnecessary in the huge majority of cases perceived as a result of perfect coordination.

As a result, bureaucrats of big governments over the world do not usually need explicit coordination to make perfectly coincident or perfectly complementary moves against their societies and against individual rights.

The most important implication of this case study is the understanding of politicians' and, primarily, bureaucrats' incentives, which in turn sheds light on their actual policy choices during the COVID-19 pandemic that resulted in huge economic and societal losses (Singleton 2021). Our analysis offers a straightforward recommendation: We need a substantial reduction in the functions, power, and funding of the welfare state to mitigate the most severe consequences of future failures, whether they are preplanned or informally coordinated.

References

Acworth, William M. 1905. The Northern Securities Case. *Journal of the Society of Comparative Legislation* 6 (2): 251–62.

Armentano, Dominic T. 1986. *Antitrust Policy: The Case for Repeal*. Washington: Cato Institute.

Breggin, Peter Roger, and Ginger Breggin. 2021. *COVID-19 and the Global Predators*. Ithaca, N.Y.: Lake Edge Press.

Chu, Angus C. 2008. Special Interest Politics and Intellectual Property Rights: An Economic Analysis of Strengthening Patent Protection in the Pharmaceutical Industry. *Economics and Politics* 20 (2): 185–215.

Dana Charles S. 1905. Theodore Roosevelt and Tiberius Gracchus. *The North American Review* 180, no. 3 (March): 327–34.

Dimasi, Joseph A., Henry G. Grabowski, and John Vernon. 1995. R&D Costs, Innovative Output and Firm Size in the Pharmaceutical Industry. *International Journal of the Economics of Business* 2 (2): 201–19.

Dowd, Ed. 2022. *"Cause Unknown": The Epidemic of Sudden Deaths in 2021 & 2022*. Children's Health Defense Series. New York: Skyhorse.

de Soto, Hernando. 1989. *The Other Path: The Invisible Revolution in the Third World*. New York: HarperCollins.

Folsom, Burton, Jr. 2008. *New Deal or Raw Deal? How FDR's Economic Legacy Has Damaged America*. New York: Threshold Editions, Simon and Schuster.

Glaeser, Edward L., and Andrei Shleifer. 2003. The Rise of the Regulatory State. *Journal of Economic Literature* 41 (2): 401–25.

Heyne, Paul. 1973. *The Economic Way of Thinking*. Chicago: Science Research Associates.

Higgs, Robert. 1987. *Crisis and Leviathan: Critical Episodes in the Growth of American Government*. Oxford: Oxford University Press.

Hiltzik, Michael. 2021. Column: A Warning to Doctors—Spreading COVID Misinformation Could Cost You Your License. *Los Angeles Times,* August 16, 2021. https://www.latimes.com/business/story/2021-08-16/doctors-coronavirus-misinformation-license.

Jasay, Anthony de. 1985. *The State*. Indianapolis: Liberty Fund, 1998.

Jureidini, Jon, and McHenry Leemon B. 2022. The Illusion of Evidence Based Medicine. *BMJ* 8 (376): 702–03.

Karadimas, Panagiotis. 2022. COVID-19, Public Policy and Public Choice Theory. *The Independent Review* 27 (2): 273–302.

Kennedy, Robert F., Jr. 2021. *Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health.* Children's Health Defense Series. New York: Skyhorse.

March, Raymond J. 2021a. The FDA and the COVID-19: A Political Economy Perspective. *Southern Economic Journal* 87 (4): 1210–28.

———. 2021b. Flatten the Bureaucracy. *The Independent Review* 25 (4): 521–36.

McCullough, Peter, Paul E. Alexander, Robin Armstrong, et al. 2020. Multifaceted Highly Targeted Sequential Multidrug Treatment of Early Ambulatory High-Risk SARS-CoV-2 Infection (COVID-19). *Review in Cardiovascular Medicine* 21 (4): 517–30.

Mises, Ludwig von. 1944. *Bureaucracy*. New Haven, Conn.: Yale University Press.

Morgan, Julie M., and Devin Duffy. 2019. The Cost of Capture: How the Pharmaceutical Industry Has Corrupted Policymakers and Harmed Patients. Roosevelt Institute. May 22, 2019. https://rooseveltinstitute.org/publications/cost-of-capture-pharmaceutical-industry-corrupted-policymakers-harm-patients/.

Niskanen, William. 1971. *Bureaucracy and Representative Government*. Chicago: Aldine-Altherton.

Olson, Mancur. 1965. *The Logic of Collective Action*. Cambridge, Mass.: Harvard University Press.

———. 1982. *The Rise and Decline of Nations*. New Haven, Conn.: Yale University Press,.

Oster, Mathew E., David K. Shay, John R. Su, et al. 2022. Myocarditis Cases Reported after mRNA-Based COVID-19 Vaccination in the US from December 2020 to August 2021. *JAMA* 327 (4): 331–40.

PECC (Israeli Public Emergency Council for the Covid-19 Crisis). 2022. Use of Face-masks in the Community as a Means to Curb the Spread of the COVID-19 Virus. Position paper. Accessed February 27, 2024. https://www.pecc-il.org/_files/ugd/8f392f_a83b55426e6e4ee595c86d1a6c26954e.pdf.

Peltzman, Sam. 1973. An Evaluation of Consumer Protection Legislation: The 1962 Drug Amendments. *Journal of Political Economy* 81 (5): 1049–91. Reprinted in *Chicago Studies in Political Economy*, edited by George J. Stigler, 303–48. Chicago: University of Chicago Press, 1988.

Rothbard, Murray. 2002. *History of Money and Banking in the United States: The Colonial Era to World War II*. Auburn, Ala.: Ludwig von Mises Institute.

Sanders, Elizabeth. 2004. Economic Regulation in the Progressive Era. In *American Congress. Building of Democracy*, edited by Julian E. Zelizer, 337–55. Boston: Houghton Mifflin.

Sauer, Robert M., and Corinne Sauer. 2007. Is It Possible to Have Cheaper Drugs and Preserve the Incentive to Innovate? The Benefits of Privatizing the Drug Approval Process. *Journal of Technology Transfer* 32 (3): 509–24.

Sharav, Vera. 2022. Unless All of Us Resist, Never Again Is Now.–Filmed August 22, 2022, in Nuremburg, Germany, by Children's Health Defense. Video: 26.48. https://childrenshealthdefense.eu/eu-affairs/vera-sharav-unless-all-of-us-resist-never-again-is-now-75th-anniversary-of-the-nuremberg-code.

Singleton, Mary. 2021. The New Wasteland: COVID-19's Shameful Legacy. Blog post. March 30, 2021. https://marilynsingletonmdjd.com/the-new-wasteland-covid-19s-shameful-legacy/.

Socol, Yehoshua, Moshe Yanovskiy, and Yair Shaki. 2023. Judeo-Christian Analysis of the COVID-19 Crisis and Its Management. *Journal of the Sociology and Theory of Religion* 15:131–54

Soros, George. 1998. *The Crisis of Global Capitalism: Open Society Endangered*. New York: Public Affairs.

Strozevski, Zoe. 2022. Doctor's Medical License Suspended over Accusations of Spreading COVID Misinformation. *Newsweek,* January 12, 2022. https://www.newsweek.com/doctors-medical-license-suspended-over-accusations-spreading-covid-misinformation-1668679.

Tucker, Jeffrey A. 2022. What Is Crimson Contagion? *Brownstone Institute*. December 22, 2022. https://brownstone.org/articles/what-is-crimson-contagion.

Tullock, Gordon. 2005. *The Politics of Bureaucracy. Selected Works*. Vol. 6: *Bureaucracy*. Indianapolis: Liberty Fund. First published 1965.

WHO (World Health Organization). 2019. *Non-pharmaceutical Public Health Measures for Mitigating the Risk and Impact of Epidemic and Pandemic Influenza*. Geneva: WHO. https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf.

Yanovskiy, Moshe, and Yehoshua Socol. 2021. COVID-19 Library. Filling the Gaps.

———. 2022. Are Lockdowns Effective in Managing Pandemics? *International Journal of Environmental Research and Public Health* 19 (15): 1–12. DOI: 10.3390/ijerph19159295.

Yanovskiy, Moshe, and Ilia Zatcovetsky. 2017. How Butter Beats the Guns. *Defence & Strategy* 17 (1): 143–56.

Yanovskiy, Moshe, and Sergei Zhavoronkov. 2018. Universal Suffrage: The Century of Corrupting Incentives? *New Perspectives on Political Economy* 14 (1–2): 63–89.

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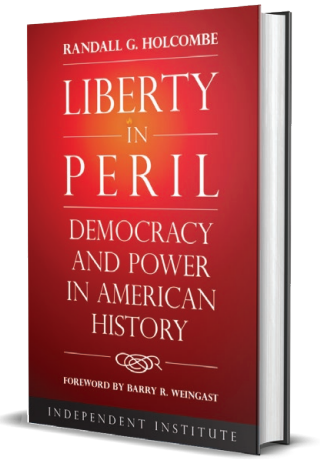
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