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HEALTH AND POLITICS

Covid psychosis is the consequence of an ageing western world

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Eugenio Capozzi

The COVID emergency is no longer a health care matter, but first of all a political emergency, and secondly a social and psychological one. These two components play a decisive role in generating yet a third emergency, the economic one, which is the most

serious of all.

The public health alarm in the strict sense can be circumscribed to the period between February and June, and consisted of a swift and very high peak of mortality among very old people suffering from pathologies connected with ageing, in particular those in hospitals, clinics, or residences for the elderly. This peak was mostly concentrated in western countries with a high rate of longevity and a low rate of fecundity; in other words with a marked disproportion between elderly and young persons living in highly populated metropolitan zones.

Fostered by the panic caused by the initial upsurge of grave cases, **the aforementioned conditions were worsened** by a disastrous approach to therapy, disorderly admission to health care facilities, the lack of hot spot isolation procedures, and therapies that proved completely off the mark, even though counselled by the WHO on the basis of reports coming from China.

Triggered in such surroundings was a vicious circle of death rates and fear that led to lockdown policies, likewise copying the Chinese model and enacted with even more restrictions precisely in the aforementioned countries: without any remarkable results, since the death rate in those countries was reported during those months at the highest levels in the world, and remained there (between 10% and 15% of casualties in relation to cases, and from 600 casualties per 1,000,000 inhabitants upwards).

Beginning towards the end of springtime, however, the rush of grave cases and deaths connected with ageing factors rapidly declined, and with that, mortality rates as well. The onset of the summer, with the generalised trend for fewer people to be concentrated in indoor spaces, brought about a very clear decline of diagnosed cases in those surroundings where the pandemic had mowed down the most victims.

In the fall, however, cases diagnosed began to increase again at a sustained pace throughout Europe and in parts of Asia. This resurge of cases on the ‘old continent’ was also the outcome of a mass diagnostic screening policy that had never been deployed before. Death rates remained very low, basically aligning with those in the rest of the world, which had never reached the aforementioned levels, or even declining to lower levels.

With respect to cases reported, the percentage of deaths remained around 0.3-0.5% on an average . The average age of those infected (with or without symptoms) declined substantially, and the most serious cases received more efficient medicinal treatment. If they are reliable (there is no reason to believe they aren’t), the estimates of many

epidemiologists (the latest is Michael Ryan, head of WHO emergency operations) according to which the actual number of cases throughout the world would be 20 times higher than those officially reported (750 million instead of 38 million), the death rate for the entire period of the pandemic would be downgraded to 0.13%, and when limiting considerations to the period from June to today, said percentage would decline even more, to below 1 case out of 1000.

It is quite evident that the virus is spreading in an increasing and transversal manner, but, adapting itself to mankind, in a less offensive way. Moreover, those countries affected the most during springtime are not going through upsurges in the numbers of serious cases or deaths.

The health care emergency has therefore been over for many months. Among the cases diagnosed, around 95% are asymptomatic (healthy carriers), or have slight symptoms like those of an ordinary cold, and only 4-5% require monitoring and more therapy. The grave cases in the world amount to approximately 0.8% of those diagnosed (this most likely to be divided by 20 when considering the cases unreported).

These don't seem to be the numbers of a mass calamity, but rather illnesses physiologically linked to the ordinary nature of industrialised societies. Yes, COVID is today a virus that has to be monitored so that, together with other seasonal flu related bacilli arriving in the northern hemisphere, it does not cause an overcrowding of health care facilities. Justified remains the need for the monitoring and active protection of the elderly segments of the population suffering from sundry pathologies, along with general social precautions.
Nonetheless, considering the current figures, no reason can be seen that would justify any return to the blanket restrictions imposed on social life, relations, economic affairs, cultural pursuits, artistic endeavours, schooling and higher education akin to what was done last spring – even assuming they were useful or germane at that time.

Nonetheless, it looks like some countries are once again heading in that direction, thereby reacting to the increase in cases identified without distinguishing quality from quantity at all, or considering the substantially irrelevant impact of the most serious cases which certainly fail to exceed the cases of seasonal flu. A study conducted by the University of Edinburgh estimates that in 2019, approximately 850,000 persons died of the flu or associated respiratory complications. This figure is very close to the 1,000,000 COVID victims. And not by chance, focusing on shut downs and restrictions are the national or local administrations of those countries that had the

most deaths last spring.

Is there any rational way to explain this? It's as if those countries – with Italy in the forefront – were not able to dispel that atmosphere of terror that gripped them back then, even though the public health situation is now completely different, and thereby inflict damages quite difficult to redress.

We can respond by saying that by now afflicting those societies is a real psychosis which removes the attitude towards the virus from the realm of common sense. A psychosis that began seven months ago with politicians, who were unable to manage a situation that had caught them off balance, spread into public opinion at large through the relentless alarmism of mass media campaigns, and was then fed back by public opinion to national and local authorities in the form of an obsessive demands for protection and safety, a spasmodic attachment to the "bare life" which made people even forget the economic woes and the constraints imposed by the lockdowns.

Lastly, governments are now further tightening this vicious circle with their own 'narration' of the epidemic based on the message that if things improve, it's because those running the show did a good job, while if there is a turn for the worse, it's the fault of the lack of responsibility on the part citizens who didn't respect "the rules", thereby leading to a polarisation of social aggressiveness and mutual accusations between alarmists and "negationists".

And yet the pandemic psychosis, the tendency of the aforementioned societies to self-isolate, the single minded tuning in to fear of the future, and resignation not to live or turn the page are not casual symptoms. Instead, they represent features typical of elderly, gerontocratic and infertile societies where young people are few in number and intimidated. Vital thrust has waned away almost to the point of stopping altogether . The panic over COVID has become a symptom and, at the same time, a driver of their decadence.