

INTERVIEW

GOOD POLICY STARTS WITH GOOD DATA

INTERVIEW BY
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The Dutch handling of the corona pandemic is driving Maurice de Hond crazy. According to this Dutch political pollster, medical professionals wield far too much power when it comes to curbing the virus. ‘We need to make decisions based on good data, not on the medical opinions of a small group of specialists.’

MAURICE DE HOND has a background in market research and runs his own polling agency View/Ture. He started publishing blogs and scientific publications on corona on his website Maurice.nl in March 2020.



MAURICE DE HOND

First they ignore you, then they ridicule you and in the end they say they knew all along.' Maurice de Hond is not the person to shy away from a public quarrel. De Hond became well-known in the Netherlands with his method for predicting the outcome of general elections. Since then he has been in the Dutch media with an array of topics ranging from proposals for the improvement of the educational system to trying to revoke a conviction in a murder case.

His interest in corona started when news of the outbreak in Wuhan first hit the headlines. By the end of January 2020 he included a question about the novel virus in his own periodic poll amongst Dutch citizens. *'Is this going to be as bad as the Spanish flu?'*

He decided to dive into international scientific research on viruses and even launched a website where he publishes his views and that of scientists from around the world. From the beginning De Hond has been a strong defender of the theory that the coronavirus is spread through the air by aerosols rather than by small droplets that hit nose or mouth. The latter theory is the one that is embraced by the national Dutch institute for public health (RIVM) and the World Health Organisation (WHO). It's also the theory upon which official Dutch corona policy is based.

De Hond had his 'Eureka moment' at the beginning of April 2020 when he saw a video by a Japanese professor that showed how aerosols move around in a closed space. *'That video explained most convincingly how the virus is spread and why all these 'superspreader events' always occur indoors. And why good ventilation systems are essential. In Japan and many other countries this was the dominant theory from the beginning. In the Netherlands we stuck to the droplet-theory, and based all corona measures on it. Mistakenly so.'*

It took a while before mouth masks were accepted in the Netherlands to prevent spreading. In the beginning they were regarded as useless by RIVM and the government. Instead the focus was on hand washing and keeping a distance of 1.5 metres. Only recently and not quite wholeheartedly has RIVM, and the Dutch government, admitted that aerosols might play a role in spreading the virus. And that good ventilation is important.

'The mass hysteria is fuelled by doctors. They've become part of the problem.'

De Hond explains the stubbornness of the government in ignoring alternative explanations looking at the Dutch approach to controlling the pandemic. *'Doctors are*

in the lead. It's virologists and epidemiologists who are determining Dutch policy. They have become very powerful because the government chooses to heed their advice exclusively. The dominant view in the medical profession is that every Covid-death is one too many. Hence the lock-down, the closing of schools and shops, the 1.5 metre rule. Even though we don't know how effective each measure is.'

'Virologists and epidemiologists are scaring people, the media are making it worse, the general public gets scared and politicians feel forced to react with even starker measures. The medical approach hardly leaves room for a different view. The mass hysteria is fuelled by doctors. They've become part of the problem.'

A good illustration is a recent interview with a prominent Dutch health official who cited the death of a 17-year-old to demonstrate that Covid-19 doesn't only affect the elderly. *'I checked the statistics in that period and there was only one death under 25 in the whole of the Netherlands: exactly the person that was mentioned by the official. You can't use that as an example! Unless your goal is to scare people. I might counter with the case of the 90-year-old that jumped from a balcony because he couldn't stand the isolation anymore.'*

De Hond would rather see a broad range of professionals

advising the Dutch government how to address the pandemic. Not just virus specialists, but economists, behavioural scientists, psychologists, data-specialists, you name it. *'The problem with the current medical monopoly is that they don't get to see the drawbacks of the policy they are defending. Shops and cafes that go under, the increasing number of children facing psychological and learning problems because they can't go to school.'*

'The medical focus on avoiding every single Covid-death doesn't make sense. Hundreds of traffic deaths can be avoided every year if we start driving 30 km per hour on our inter-city highways. But nobody in his right mind would suggest such a thing. Why not have the same approach to corona? The risks for under 60-year-olds aren't that much bigger than those of a common flu. There's no need to keep all those people in lock-down. It's the over 60's you want to protect. Base your policy on that.'

Good policy starts with good data, according to De Hond. And that's where he thinks it all went wrong in the Netherlands. *'Good data have been lacking from the beginning. The Covid-data in the Netherlands are still horrific. Only now do we get reliable daily figures on the number of positive tests per day. Ten months into the pandemic! When we started testing in the spring, we could have asked each positive tested person to fill out a survey with*

all kinds of relevant questions. We would've had a gold mine of information by now, a database with 8 million responses, for good policy building. But even now we are installing new regulations without knowing how they will work out, and without knowing how to get back to normal, because we haven't got the right data. When the contaminations go down, are we going to open up the hairdressers, or the schools? Nobody knows.'

'I would surely spend a few millions more on data analysts in every hospital. Make data accessible.'

The problem according to De Hond is that neither medical professionals nor their organisations are very good with statistical data. *'That makes you miss out on a lot of relevant information. Data are my job, my life, it's what I do. It's a different angle altogether. At the beginning of the pandemic you could see the pattern that the regions most affected all had the same climatic conditions: temperature between 4 and 12 degrees, low humidity. That's no coincidence. It had been affirmed by a group of scientists that these are perfect circumstances for the spread of corona. Based on these data I predicted that New York would become the new Bergamo. The data also explained why there were no extra deaths in Rome in March and April.'*

De Hond suggests the use of open data that are accessible to everybody. *'Good data can be gathered. Good analysis is difficult. We're spending billions on corona. I would surely spend a few millions more on data analysts in every hospital. Make data accessible. You would be surprised by the smart models that even interested civilians can come up with. Why not use that intellectual power?'*

The vaccination in the Netherlands – which only started in the beginning of January – is just as clumsily organized as the corona measures, says De Hond. *'At the beginning of the pandemic in 2020 we should have nationalised and centralized health organisations. We would have been prepared for a second wave and vaccination. Now we make the same mistakes all over. We have discussions on who to vaccinate first. It's all very bureaucratic.'*

De Hond didn't contract corona himself. He keeps himself safe by avoiding badly ventilated and dry spaces. He carries a CO2-meter that tells him if enough fresh air is circulating. He agrees that western countries can't battle Covid-19 the way China does. So it will have to be done in a clever way. With the acknowledgment that it's impossible to avoid all corona deaths. *'We need to learn to cope with the risks of this virus. As we do with traffic risk, or all kind of other risks in daily life.'*