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It's time for an alternative to lockdown | The Spectator

Jay Bhattacharya

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As France and Germany lock down again – and as Britain considers whether to follow suit – many people will be wondering: can't we think of a better way to handle this pandemic? No one is in any doubt about the threat posed by the Coronavirus. But nor should there be any doubt about the harm posed by lockdown: the mental health, the economic destitution, the deep damage inflicted on families, communities and societies. Perhaps the worst of it is the idea that, when lockdown ends, the virus resumes – and you are back where you started. Where is the exit strategy? And where is the assessment of the costs?

We should, in moments of crisis, be open to ideas about how best

to handle it. The previous strategy – lockdown – cannot claim to have been a great success. Which is why it's strange to see such hostility in so many quarters to the idea of even debating a better way out of this mess. The [Great Barrington Declaration](#) calls for another way. The *focused protection* ideas discussed in the Declaration would minimise the harms that would befall those at high and low risk of mortality from Covid should they become infected. The plan would protect higher-risk people (mainly older people over 70) by devoting overwhelming resources and ingenuity to the cause of preventing exposure to infected Covid patients. It would protect lower risk people who face a much greater medical and psychological harm from lockdowns than they do from Covid (an [infection fatality rate of five deaths per 10,000](#)) by permitting them to resume their normal lives.

Despite the evident common sense of these ideas – they represent a return to the successful way we have dealt with similar epidemics over the last century – the release of the Declaration has led to a fierce counter-attack by lockdown proponents. These attacks have routinely resorted to propaganda, inaccurately characterising the approach as a 'herd immunity strategy' in places like the [New York Times](#). This despite the fact that population immunity is the inevitable endpoint of the epidemic, no matter what policy we adopt. Though a few stalwarts may pine for zero Covid, we would destroy civilisation worldwide in the quixotic bid to achieve it. All viable options – including the lockdown-until-vaccine and the focused protection strategy share herd immunity as an end state. The only open question is how best to minimise death and human despair from both Covid and non-Covid sources in the process of getting there. And the answer is focused protection.

Tens of thousands of medical professionals, scientists, and epidemiologists, along with over half-a-million regular citizens worldwide, have expressed their support for these ideas. The overwhelming support for these ideas from the scientific community lays bare the canard that the science is speaking with one voice in favour of lockdowns. There are very clearly two camps – a pro-lockdown camp and an anti-lockdown camp, with many experts somewhere in between. Though the pro-lockdown scientists have drawn all the media oxygen throughout the epidemic, they do not represent all or even most scientists' views.

Perhaps the purest articulation of lockdown dogma is the [John Snow memorandum](#), written in response to the Great Barrington declaration. Penned by a group of pro-lockdown academics, the memorandum only glancingly acknowledges the devastating effects of lockdowns on health worldwide. It features false claims, such as an astonishing assertion that 'there is no evidence for lasting protective immunity to SARS-CoV-2 following natural infection,' clearly not true, with 750 million infected worldwide to date and only a handful of documented reinfections. There is no evidence from the memo that collateral damage from lockdowns dampen their enthusiasm for more and stricter lockdowns.

As the case for lockdown is being made anew, we should examine the claims made on its behalf – or, rather, the lack of them. The central argument is that limiting community spread of Covid is the best way to reduce the infection risk of vulnerable populations. In effect, it asserts that focused protection of the vulnerable is impossible without locking down the non-vulnerable. This is flatly incorrect. Many creative strategies exist to protect vulnerable people living in nursing homes and in the community. You can

have strict and regular testing of nursing homes staff, residents, and visitors. You can minimise staff rotation; have free delivery of groceries and other essentials for retired people living at home; the application of workplace disability laws so that employers provide accommodations that protect vulnerable workers. Or provide rapid testing and possibly temporary alternative living arrangements for older people living in multigenerational homes where a resident has been exposed to the virus or become symptomatic.

Here's the paradox: lockdown takes, as its base assumption, the idea that controlling general spread of the virus is enough to protect the vulnerable. But this policy has, in itself, inhibited the development and deployment of creative ideas to protect the vulnerable. Many assert that protecting the vulnerable is an impossible task, which will become a self-fulfilling prophecy for those that take this position. By contrast, based on two decades of experience working in public health, I believe it is certainly within the capacity of resourceful public health officials to find ways to shield the vulnerable. That the lockdown status quo has not done so is not evidence that it is impossible to do so.

But let's look at the evidence. Despite stringent lockdowns, Covid has spread in care homes leading to the avoidable deaths of hundreds of thousands of older people worldwide. Lockdown does not work as a strategy to protect the vulnerable. Poorly-designed policies imposing isolation and ignore the need for social interactions for psychological well-being have caused unnecessary death and suffering. In the US, [dementia deaths increased 20 per cent this summer relative to a typical year due to the lockdowns](#). These deaths are attributable directly to stress and isolation in the status quo lockdown procedures.

Perhaps ironically given their intention, the lockdowns themselves contribute to the difficulty of shielding the vulnerable from Covid risk. For instance, [lockdowns have induced](#) millions of young adults to move back home with older parents, exacerbating the problem of protecting older people by increasing regular close interactions across generations.

The Great Barrington Declaration seeks to minimise both Covid and non-Covid harm. This stands in stark contrast to the casual dismissal of lockdown harms by the memorandum authors and other lockdown protagonists. Human health does not consist solely in infection avoidance, and public health policies should respect that fact. The lockdowns and the economic devastation have forced [at least eight million people](#) in the US into poverty, including a nearly 50 per cent increase in deep poverty. In the UK, lockdowns have led to [1.5 million people going without food](#). Worldwide, the UN estimates that [an additional 130 million people](#) will starve this year partly due to lockdowns. The [World Bank](#) estimates that an additional 150 million people will enter extreme poverty by next year due to lockdowns and the disruption caused by Covid. Poverty kills, as do lockdowns.

It is long past time to retire them from the public health toolkit for dealing with this pandemic. So before the world goes back to this failed tool yet again, we really should ask ourselves if it's perhaps time to try a different way.

Jay Bhattacharya is Professor of Medicine at Stanford University