

Continuing The Lockdowns Will Only Fuel The Fires

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America has been a tinderbox after months of confinement, joblessness, and economic ruin. Last week people broke out of their homes to peacefully protest the brutal death of George Floyd, but [officials say rioters](#) are taking advantage of the demonstrations to destroy buildings and businesses across the country.

Now governors and mayors are threatening to continue the shutdowns and extend curfews [“indefinitely.”](#)

Testing must continue and accelerate, especially in inner cities where thousands of people hit the streets in riots and demonstrations. But continuing the shutdowns would throw more fuel on the fires of unrest. Authorities need to stop the riots and then focus on safely opening their economies to avoid a new round of tensions.

Even before the riots, many governors and other public officials were stubbornly insisting their lockdowns must continue, despite mounting evidence they are unnecessary and even harmful in most areas and that they divert focus from plans and strategies that could save lives and livelihoods.

Deaths from COVID-19 are concentrated in just 30 counties which have about 15% of the nation’s population but more than 53% of COVID-19 deaths, according to a new [paper](#) by Galen Senior Fellow Doug Badger and Heritage scholar Norbert Michel, published by The Heritage Foundation.

Further, 24 of these counties are geographically concentrated in the congested Northeast corridor between Philadelphia and Boston.

And a separate [analysis](#) by Gregg Girvan and Avik Roy for the [Foundation for Research on Equal Opportunity](#) (FREOPP) finds that COVID-19 deaths are [concentrated further](#) in long-term

care facilities that house just 0.62% of the U.S. population.

If public officials follow the evidence, they would act to protect those at most risk from the disease—the elderly—especially those in congregate settings—nursing homes—and in the 1% of counties with most of the infections and deaths.

Instead, lockdowns have become an end in themselves, where officials and the media focused on those who may [sit on a beach](#), [open a gym](#), or [go without a facemask in nursery school](#).

Officials gave too little attention to the impact of the economic calamity their lockdowns caused. They devoted their attention to crafting complex and sweeping stay-at-home orders, which were initially intended to slow the spread of the virus and not overwhelm hospitals as happened in Northern Italy earlier this year. With many hospitals nearly half empty and laying off employees, most states and counties could lift the orders without consequence.

According to the Heritage paper, "[Policymakers Should Adapt COVID-19 Responses to the Evidence](#)," half of all U.S. counties didn't have a single COVID-19 death as of May 11, and 63% had no more than one. Most never should have been required to shut down and ruin already struggling economies especially in rural areas.

Nonetheless, officials persist: Gov. Gretchen Whitmer has [extended](#) Michigan's stay home order until at least June 12, and Los Angeles Mayor Eric Garcetti has [said the city will never be able](#) to fully re-open until there is a cure.

The FREOPP [analysis](#) found that an astounding 42% of all COVID-19 deaths have taken place in nursing homes and assisted living facilities in the 41 states that currently report such figures. Outside of New York which reports its data differently, more than half of all U.S. deaths from COVID-19 are of residents in these long-term care facilities.

Governors who insist on staying with untargeted policies of questionable theoretical value should reconsider. Sweeping lockdowns are ineffectual at protecting the vulnerable and can be extremely harmful mentally, physically, and economically to the great majority of Americans who are at minimal risk of serious illness or death from the contagion.

The lockdowns, stay-at-home, and social-distancing policies never were expected to kill the virus, only to stop the spread and flatten the curve so as not to overwhelm hospital capacity.

As Badger and Michel explained in an [earlier paper](#), there is no systemic shortage of hospital beds or ICU capacity in the U.S. where hospitals have among the lowest occupancy rates in the developed world—two to three times that of most European countries. "That does not protect the U.S. from episodic and localized surges, but it does suggest that the country's hospital bed capacity is structurally sound. Moreover, even though most of the facilities did not treat a single patient during the COVID-19 outbreak, the U.S. Army Corps of Engineers proved that it was able to construct field hospitals all over the country in a very short period of time," they write.

Over time, however, policymakers seem to have raised their expectations of what lockdowns could accomplish. "Many now consider it a means to reverse the pandemic," Badger and Michel write. "It is not. Moreover, there is a growing perception that the current policy choice is binary: Either retain the policy of broad-based social distancing, or return to normal and risk a

resurgence of the pandemic. That is a false choice.”

Areas where there were riots and demonstrations [may experience new outbreaks](#), but [data show](#) that young people—those who are primarily in the streets now—are much less susceptible to experiencing serious symptoms and death than the frail elderly.

And locking people in their homes for longer won't help. New York Gov. Andrew Cuomo announced at a [May 6 news conference](#) that preliminary data from 100 New York hospitals (covering 1,000 patients) showed that 66 percent of newly admitted COVID-19 patients were people who had been sheltering in their homes. Cuomo called the findings “shocking:” “We thought maybe they were taking public transportation, and we’ve taken special precautions on public transportation, but actually no, because these people were literally at home,” he said.

“Policymakers should acknowledge the limited value of lockdown orders and pivot toward public health interventions based on data that have emerged since those orders were set in place. Those interventions must adjust for the fact that hospitalization and death rates vary geographically and demographically, that the disease is especially lethal for the frail elderly living in congregate settings, that U.S. hospital capacity is more resilient than previously believed, and that bans on non-emergent care are counterproductive,” Badger and Michel conclude.

Gov. Cuomo was asked at a later May 25 news conference how soon New York would be fully open. He [said](#): “The question is, at what point do the numbers drop to the reopening threshold? Now, people can speculate, people can guess, ‘I think next week,’ ‘I think two weeks,’ ‘I think a month.’ I’m out of that business, because we all failed at that business,” he said.

“All the early national experts, ‘Here’s my projection model,’ ‘Here’s my projection model.’ They were all wrong. They were all wrong. Now, there are a lot of variables, I understand that. We didn’t know what the social distancing would actually amount to, I get it. But we were all wrong. So I’m out of the guessing business. We watch the numbers.”

Gov. Cuomo’s decisions apparently still are being driven by a set of numbers the experts are collecting. Instead, he and other governors should look at the growing body of actual evidence of what works and where the focus should be.

Take Florida, for example. Gov. Ron DeSantis took the opposite approach and was [widely disparaged](#) for going against the advice of experts. He didn’t issue a statewide “safer at home” executive order until [April 3](#) and then relaxed it throughout most of the state on [May 4](#). He was among the first governors to allow beaches, restaurants and other public places to reopen throughout most of his state. His actions prompted some to call him a [public menace](#) who was going to get Floridians killed with his lax response.

At the same time, DeSantis has maintained restrictions in the areas of the state most heavily affected by the virus, required [travelers](#) from states with high degrees of contagion to quarantine for 14 days on their arrival in Florida, and has taken aggressive measures to protect nursing home residents.

As of today, New York [reports](#) more than 30,000 coronavirus deaths with just over 2,400 Florida, even though Florida has 2 million more residents than the Empire State. New York’s

nursing home-related COVID-19 deaths vastly outnumber Florida's *total* number of COVID-19 deaths.

In most communities throughout the U.S., lockdowns unnecessarily closed schools, led to layoffs of tens of millions of Americans of prime working age, and failed to address, much less prevent, the deaths of tens of thousands of nursing home residents.

The evidence shows that officials should replace sweeping lockdown policies with interventions that are targeted geographically, demographically (age), by place of residence (congregate settings for the elderly) and by infection intensity (pandemic hotspots). Testing should be enhanced in cities that have been the targets of mass congregations.

Where infection rates are high, more testing, voluntary isolation facilities for the sick, contact tracing, and, in some cases, travel restrictions would be more effective than merely maintaining lockdowns. Elsewhere, officials should protect those who are at greatest risk—the elderly and those with underlying medical conditions, especially those in nursing homes—and end bans on **non-emergent care** so non-COVID patients can get surgeries and treatments they need.

With more than **104,000 U.S. coronavirus deaths**—a shockingly high proportion of which are from nursing homes—an economic depression, unprecedented levels of deficit and debt and reckless monetary policy, it is vital that policymakers retarget their responses to avoid exacerbating the catastrophe.