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Lockdown proponents can't escape the blame for the biggest public health fiasco in history

Shutting down society did not save the vulnerable so advocates of such measures are seeking scapegoats

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year ago, there was no evidence that lockdowns would protect older high-risk people from Covid-19. Now there is evidence. They did not

With so many Covid-19 deaths, it is obvious that lockdown strategies failed to protect the old. Holding the naïve belief that shutting down society would protect everyone, governments and scientists rejected basic focused protection measures for the elderly. While anyone can get infected, there is more than a thousand-fold difference in the risk of death between the old and the young. The failure to exploit this fact about the virus led to the biggest public health fiasco in history.

Lockdowns have, nevertheless, generated enormous collateral damage across all ages. Depriving children of in-person teaching has hurt not only their education but also their physical and mental health. Other public health consequences include missed cancer screenings and treatments and worse cardiovascular disease outcomes. Much of this damage will unfold over time and is something we must live with – and die with – for many years to come.

The blame game for this fiasco is now in full swing. Some scientists, politicians, and journalists are complaining that people did not comply with the rules sufficiently. But blaming the public is disingenuous. Never in human history has the population sacrificed so much to comply with public health mandates.

Strangely, lockdown proponents are also trying to blame the scientists who opposed lockdown measures. Though she has repeatedly argued for better protection of the elderly, with specific suggestions that could have saved many lives, <u>Oxford professor Sunetra Gupta</u>, one of the world's pre-eminent infectious disease epidemiologists, has been attacked with particular viciousness.

Here are just a few examples. Tory MP Neil O'Brien wrote an article in <u>The Guardian</u> under a headline that attacked the "fantasies" and "tall tales" of Dr Gupta and other critics of lockdown. They "make stuff up", he said, and have "a hell of a lot to answer for". Based on a lay website full of misleading claims about the pandemic, <u>The Guardian's George Monbiot</u> ironically claimed that Dr Gupta is a "pundit" who makes "misleading claims about the pandemic".

In March, Dr Gupta offered a wide range of plausible infection estimates, which good scientists do under uncertainty (Imperial College: hint, hint). Inevitably, some of those plausible estimates will turn out to be wrong, as only one can be correct. That Paul Mason and The New Statesman would then cherry-pick one of the wrong estimates and call Dr Gupta's work "laughable" is itself laughable.

A few academics have jumped on the bandwagon. Dr Depti Gurdasani at Queen Mary University, for example, accused Dr Gupta of pseudoscience, suggesting that she should be deplatformed and Oxford University should act against her. Unfortunately, such behaviour intimidates other academics into silence, undermining scientific debate.

Last spring, the pandemic was waning due to a combination of immunity and seasonality, and many lockdowners claimed that lockdowns had succeeded. Still, it was obvious to any competent infectious disease epidemiologist that it would be back, and in June, Dr Gupta said she expected a resurgence of Covid-19 in the winter months. This didn't prevent journalists and politicians from falsely claiming that she thought the pandemic was all over.

The fact is that with a lower herd immunity threshold in the summer than in the winter, immunity can drive a pandemic on its way out during the spring but then resurge next autumn, and that is what happened. A year into the pandemic, one would think that politicians and journalists writing about Covid-19 would have bothered to acquire some basic knowledge of infectious disease epidemiology.

Anticipating the resurgence, in early October, we authored the <u>Great Barrington Declaration</u> with Dr Gupta, hoping to avoid a repeat of the spring disaster. We called for focused protection of the old while lifting lockdowns and letting children and young adults live near-normal lives. At the time, we were accused of raising a strawman, and that further lockdowns were neither needed nor proposed by anyone. Unfortunately, that strawman only survived a few weeks until the lockdowners were at it again, doubling down on their prior failures without protecting the old.

The central fallacy in pro-lockdown thinking is that more restrictions automatically lead to fewer deaths. This reasoning shows stunning ignorance of basic infectious disease epidemiology. One example among many is the closure of universities last spring, which sent students home to live with higher-risk older family members, increasing multi-generational mixing. Now politicians and public health officials have work to do to regain public trust. Blaming the public and scientists like Dr Gupta to deflect from the lockdowners' own mistakes is not the right way forward.