

# Lockdowns don't work. It remains a mystery as to why the world entered one

Surjit S Bhalla writes: Lockdowns were an unnatural experiment and, around the world, they have not worked in achieving their major health objective of less infections or slower pace of infections.



January 22 was the first unnatural experiment — Wuhan, China entered into a lockdown. (Illustration by C R Sasikumar)

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It is now slightly more than 300 days since COVID-19 exploded on an unsuspecting and unprepared world. The second wave is upon us and we are again faced with Lenin's existential but practical question: "What is to be done?" The previous time around, in mid-March, epidemiological experts advised whoever was willing to listen, and the world did listen with rapt attention, that schools, businesses, etc. should close shop and the virus will be contained.

January 22 was the first unnatural experiment — Wuhan, China entered into a lockdown. On March 10, Italy went into a lockdown, and, over the next month, the

world followed.

On the advice of experts, the world confronted the virus in an unprecedented manner — closures of schools and workplaces and lockdowns became commonplace. The effectiveness, or lack thereof, of lockdowns in containing the spread of the virus is examined in a detailed paper entitled, “Lockdowns vs. COVID19: Covid Wins”, a preliminary version of which is available on my website [ssbhalla.org](http://ssbhalla.org). Herewith, some highlights about the lockdown crisis that deserve mention.

WHO director Tedros Adhanom said as early as March 11 that history does not have a precedent for controlling a pandemic. Yet, lockdowns were recommended. By end-March, 170 countries had closed their borders, 140 countries had several WHO containment measures, as compiled by OxGRT (border closures, restrictions on gatherings, etc) in place, and there were 8,81,000 COVID-19 cases and 43,000 deaths. With lockdowns, cases were expected to reach their terminal level, perhaps, 10 times higher at 8.8 million? Today, cases are 40 times, and deaths 24 times higher. This has occurred during the most intense period of lockdowns and controls around the world. These are not statistics about even partial success; rather, indicators of massive failure.

The world has gone through many pandemics since the Spanish Flu of 1918. In the six months October 1957-March 1958 period, excess deaths in the US numbered 62,000. In the three-month February-April period in 1963, excess deaths numbered 57,000. In these two instances, excess deaths were 36 and 30 percent higher than “normal”. In the US, at the peak of the crisis March-May, excess deaths were 1,22,300, and COVID-19 deaths around 9,50,00. Expected deaths —around 6,60,000, so excess deaths about 18 percent. Eighteen percent too many deaths, but what did the US do to confront the nearly double excess death crisis in both 1957-58 and 1963?

It did absolutely nothing. It is worth quoting a paper by David Henderson and his colleagues, published in 2009 — Public Health and Medical Responses to the 1957-58 Influenza Epidemic. The late Dr. Henderson had a major responsibility for setting up the CDC influenza surveillance programme in the US: His stature as an authority was similar to Anthony Fauci today. The paper explicitly rejects even partial lockdowns and states:

“The 1957-58 pandemic was such a rapidly spreading disease that it became quickly apparent to US health officials that efforts to stop or slow its spread were futile. Thus, no efforts were made to quarantine individuals or groups, and a deliberate decision was made not to cancel or postpone large meetings such as conferences, church gatherings, or athletic events for the purpose of reducing transmission.” (Public Health and Medical Responses., p. 7, emphasis added)

### **Editorial | The wrong dose: By making vaccine a manifesto promise, BJP in Bihar gives a self-serving response to a grave public health emergency**

More evidence against the unexpected and unprecedented world and WHO response to the crisis in 2020 is provided in this 91-page 2019 WHO report entitled “Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza”. The word “lockdown” (one form of a non-pharmaceutical intervention or NPI) does not appear in this report. Nor does the WHO report even recommend masks (a favourite 2020 NPI) in case of an epidemic, though it does advocate their use for symptomatic individuals.

On the effect of NPIs, the report stated: “The evidence base on the effectiveness of NPIs in community settings is limited, and the overall quality of evidence was very low for most interventions. There have been a number of high-quality randomized controlled trials (RCTs) demonstrating that personal protective measures such as hand hygiene and face masks have, at best, a small effect on influenza transmission, although higher compliance in a severe pandemic might improve effectiveness” (emphasis added). Yet, for COVID-19, NPIs were recommended in bundles by WHO and other experts.

As is universally acknowledged, the WHO is the apex body for advice and guidance for health problems. It houses leading epidemiological experts and before COVID, they were advocating policies reminiscent of earlier confrontations with viruses.

Given this history, it remains a mystery as to why the world entered into a lockdown. In my paper, I report the result of various studies on the effectiveness of lockdowns; except for a few, most of these studies report that the lockdowns were highly successful in saving hundreds of thousands of lives. Since the average death rate from COVID is 2.5 percent, these results imply that somewhere between 10 to 20 million less infections resulted from this unnatural experiment.

## **Opinion | A pandemic of failures: State has tried to hide its shortcomings during the health crisis by resorting to heavy-handed measures**

Examination of the contradiction between the observed reality of 40 million cases, and the experimental reality of lockdown research, is the purpose of my above-mentioned paper. We replicate the variety of tests available in the literature and add the following important test of lockdowns — a before-and-after comparison for over 150 countries, and for one, two, and three months from the date of lockdowns. No matter what the test, the dominant result is that not only lockdowns were not effective, but that, in a large majority of cases, lockdowns were counter-productive i.e. led to more infections, and deaths, than would have been the case with no lockdowns. My analysis stops in end-July and, therefore, ignores the post-July second wave of infections. If these data are included, the fate of lockdowns would be a lot worse.

My analysis makes a small contribution towards documenting what did not work. Unfortunately, there are no answers to the question of what would have worked in confronting a virus without a vaccine. Note that in the late 1950s, influenza vaccines were available in the US and yet excess deaths were higher than the 2020 episode of no vaccine.

It is not as if no scientist forecast that lockdowns would be a disaster. Sweden, for one, followed the herd-immunity approach, the same approach that was followed by the US (and all other nations) in all previous epidemics. An epidemic is like an earthquake — it hits you hard, and then you do the best you can, and live with it.

John Ioannidis, professor of medicine at Stanford University, has shouted himself hoarse against the advocates of lockdown. In a short piece (with colleagues, entitled 'Forecasting for COVID-19 has failed'), they write: "Failure in epidemic forecasting is an old problem. In fact, it is surprising that epidemic forecasting has retained much credibility among decision-makers, given its dubious track record. Modeling for swine flu predicted 3,100-65,000 deaths in the UK... Eventually only 457 deaths occurred." Another example of prediction failure: Up to 10 million animals were slaughtered because 1,50,000 deaths were expected from foot-and-mouth disease — eventually only 50 deaths occurred.

It is likely that post-COVID, epidemiological experts will suffer a worse fate than economists did after their Waterloo in 2008. In the iconic movie Jerry Maguire, a

talented player asks his agent to “show him the money” in order to retain the contract to manage him. The world is now asking the lockdown experts — show me the evidence.

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*This article first appeared in the print edition on October 24, 2020 under the title ‘Lockdowns don’t work’. The writer is executive director, IMF, representing India, Sri Lanka, Bangladesh, and Bhutan. The views expressed are those of the author and do not necessarily represent the views of the IMF, its Executive Board, or IMF management.*

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