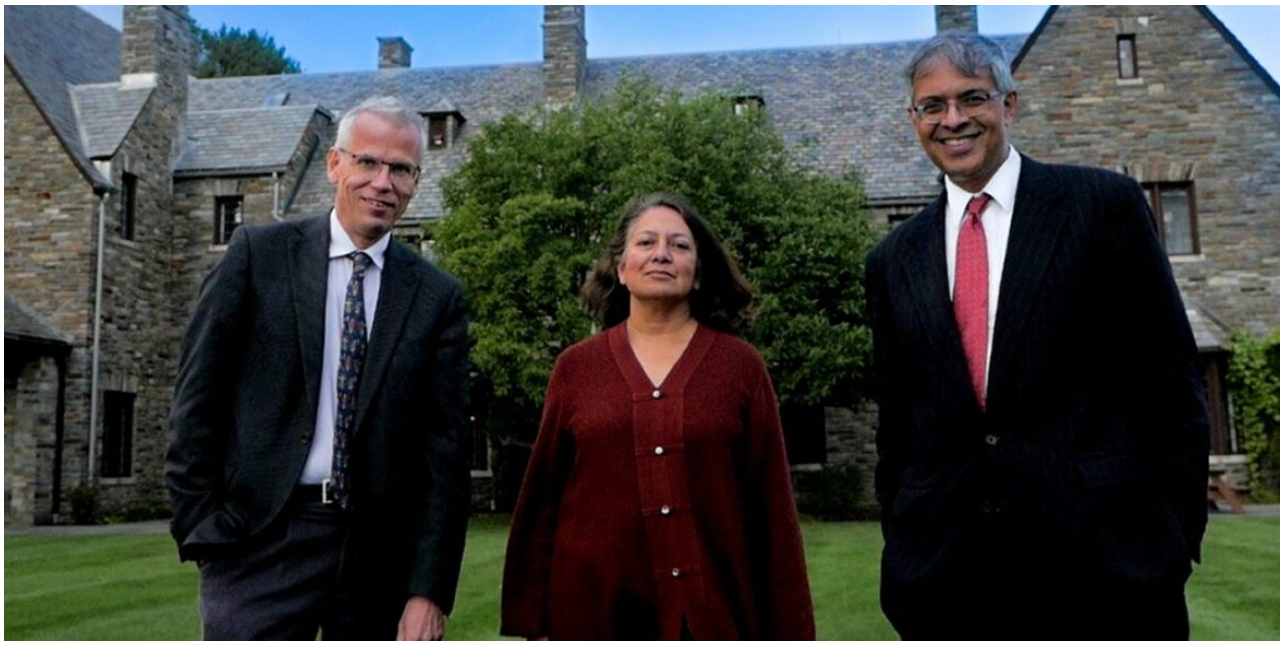
LOCKDOWN SCEPTICS
STAY SCEPTICAL. CONTROL THE HYSTERIA. SAVE LIVES.

A Defence of the Great Barrington Declaration From it's Powerful Critics

22 March 2021

by George Dance



Professor Martin Kulldorff, Professor Sunetra Gupta and Professor Jay Bhattacharya

The Great Barrington Declaration (GBD),[1] under which thousands of scientists and medical practitioners have called for a end to lockdown policies, was drawn up last October 1st-4th, was announced on October 5th, and was already being denounced on October 6th. Over the next month, the GBD and its message were virtually buried beneath an "avalanche of scathing criticism condemning it as 'very dangerous, unscientific, unethical, total nonsense, dangerously flawed, conspiratorial and grotesque'. Among the critics were prominent role-players such as World Health Organization director Tedros Adhanom Ghebreyesus, British chief scientific adviser Patrick Vallance, and US infectious diseases expert Anthony Fauci".[2] Defenders of the lockdown consensus released a counter-manifesto, the John Snow Memorandum,[3] ironically named for epidemiology's most famous dissenter from a scientific consensus.

At the time I read everything I could on the topic and made copious notes, hoping to write my own perspective on the GBD. Long before I was in a position to do that, though, the debate had moved on, and I never had an opportunity to revisit the subject.

Fortunately, there is a new FAQ in town: Anti-Virus: The COVID-19 FAQ.[4] This new FAQ may not be the best place to go for scientific advice about the disease; the 'doctors' behind it seem to mainly have doctorates in economics and psychology (though I have read that there is an anonymous scientist involved), and some of their claims, such as "Covid still has a high fatality rate among younger people", seem supported more by semantics than by science. ("Younger" in context turns out to be "younger than 65").[5] But at least the FAQ has revived the Declaration and assembled a 'best of' the criticisms levelled against it, making it worthwhile to revisit the debate.

Before getting to that, it is helpful to look at background context. A major player in the Anti-virus FAQ is a Member of the UK Parliament, Neil O'Brien, introduced (by the *Times*) in November as Prime Minister Boris Johnson's "new policy guru".[6] Johnson has faced a backbench rebellion from a group of lockdown sceptics within his Conservative Party, the Covid Recovery Group (CRG); concerns have been expressed that the CRG could defeat the Government in Parliament, should the opposition Labour party vote with them (unlikely as that seems, with Labour leader Keir Starmer reading the same polls as Johnson).[7] At least one cabinet minister has privately lashed out at both the CRG and the GBD.[7] Johnson's new policy guru has now taken the fight against lockdown sceptics and scepticism to the public, apparently with Government backing;[8] and the COVID-19 FAQ seems an integral part of his messaging.

Strangely, though, there is little talk of lockdowns or lockdown sceptics on the FAQ at all. Its first paragraph does briefly mention those who say "that governments shouldn't try to contain the virus with lockdowns", but only to lump them in with those who believe that "Covid isn't particularly dangerous", and rebrand the lot as "Covid Sceptics". These Covid Sceptics, we are then told, share and profess a number of absurd beliefs, including but not limited to:

- "the number of infections is much lower than it really has been"
- "health systems were under less strain than they really were"
- "the fatality rate and number of deaths were lower than they have been in reality".[3]

That stated, the FAQsters turn their full attention to the alleged Covid Sceptics and their alleged claims. The underlying strategy seems to be not to defend lockdowns directly, but to avoid mentioning or discussing them, to keep readers from thinking about them as much as possible; changing the subject to "Covid Sceptics" and their "absurd claims"; it also gives lockdown zealots lots of bullet points to easily repeat and cite, while making the lockdown sceptics spend their time and energy rebutting same, thus both (1) discrediting opposition to lockdowns and (2) suppressing any real discussion of them.

The FAQs page on the GBD follows the same script. Although it is ostensibly deals with the claim that "The Great Barrington Declaration gives a good alternative to lockdown", the page mentions the word 'lockdown' (and says anything about lockdowns) only once, and that in its epigraph (which is a quote from the GBD):

> *Lockdowns are a very bad idea – they cause economic havoc, stop people getting medical attention for non-COVID problems, and increase loneliness, isolation, and mental health problems. Instead, we should be shielding the vulnerable, and allowing younger, healthier people to live their lives, building natural herd immunity when they catch the virus.*[9]

The FAQsters oppose that claim with seven counter-claims of their own, meant to add up to a comprehensive refutation. It is best to take those in turn:

> *1)* **We have vaccines now**. *The Great Barrington Declaration was misconceived right from the beginning, for reasons we'll discuss below. But now that we have very effective vaccines, the case for "natural herd immunity" – that is, letting the virus burn through certain parts of the population – is weaker than ever. There is now an end in sight, and a great many people now have the possibility to *never get the virus* in the first place.*

I am glad the FAQsters have an end "in sight", but it would be more helpful to know what particular end they are visualising. Is it when the most at-risk are vaccinated? When enough are vaccinated to reach the herd immunity threshold (the point at which enough people are immune that the virus no longer spreads epidemically)? When the virus is eliminated in the UK? When it is eradicated world-wide? Many countries are nowhere near even that first "end", while achieving the last could take decades. (Eradicating smallpox took almost 200 years from the first vaccine.) In any case, it will take some time before the end gets here, and either option – let people live their lives, or keep them locked down – is still very much a live one.

At first glance, it seems to me that the coming of safe and effective vaccines not only weakens, but demolishes, the best argument for lockdowns: that they are the only way to stop the disease from spreading. Nor do vaccines weaken the argument for "herd immunity" (or achieving the herd immunity threshold)) – safe and effective vaccines make it possible to reach the threshold much faster than without. So the FAQsters seem to be arguing only against the word "natural", which sounds like a strawman argument (the major premise of which is that the GBD authors and signatories are anti-vaxxers).

It is common to find posts on social media equating GBD signatories with anti-vaxxers, some by those who signed the JSM.[10] And such claims have also seeped into the professional media. For instance, Dominic Lawson of The *Times* has told us just that:

> *For those who have opposed the Government's overall strategy of (intermittently) strict enforcement of social distancing until the arrival of a*

> *vaccine, the good news has confounded their predictions and analysis – and many of the most prominent among them have reacted with churlishness, even outright hostility. They are the same people who eulogised what they perceive to be Sweden's approach: to go for "herd immunity" via naturally acquired infections (whatever the cost in lives) rather than clamp down with legislative force... But rather than admit that [Oxford researcher Sarah] Gilbert (and [Health Secretary Matt] Hancock) had proved their no-alternative-to-herd-immunity-through-naturally-acquired-infection strategy wrong, prominent "lockdown sceptics" have instead cast doubt on the vaccine approved by the MHRA.*[11]

Lawson and the FAQsters are at least ideological allies, making not only the same arguments against the dissenters from lockdown orthodoxy but using identical messaging tactics, like the "Covid Sceptic" rebranding – here is Lawson on that: "I am reminded of [an old joke] by the COVID-19 sceptics (or lockdown sceptics, as some call themselves)".[12] So one needs to deal with the strawman.

The GBD arguably downplayed the importance of vaccines, understandably so, since there were none authorised for use at the time it was written. However, the authors always did acknowledge a role for vaccines in reaching the herd immunity threshold. Since then, they have increasingly emphasised that role. In the following quote, for instance, one can challenge Mr. Bhattacharya's timeline, but not his commitment to using vaccines:

> *I think if we use the vaccine correctly we can get back to normal within two months. Let's say, if we have 50 million people vaccinated, who are at the highest risk, at that point we can open society up.*

He continued,

> *the logic is that the harm from the lockdown to the rest of society is worse than the disease and the people who are vaccinated are protected. I think we can get back to normal in two months.*

Bhattacharya also noted that if we continue to follow the current policy of lockdowns to mitigate the spread of the virus, "we will be doing this for another year or two".[13]

Which makes a good segue into the FAQsters' next argument:

> *2) **Nobody really knows how to "shield" vulnerable people**. It sounds very simple: keep the older and more vulnerable people safe, and let everyone else go about their business. But it's really not that straightforward. Practically, *how* do you keep those vulnerable people safe?*

The first thing to occur to a GBD signatory like myself is: "Offer them the vaccine first." As noted, that is what the GBD authors have been championing, and it has actually become Government policy in some places. Granted, though, that vaccines are not magic; they will not prevent 100% of all Covid-related diseases or deaths; and in some places and for some people for they will not be available for a while. So what else can be done?

> *Take, for instance, multi-generational households. A great many students and other adult children live with their parents (according to one report, this is around a third of all homes in the UK). In some communities, grandparents often live in the same home as grandchildren. Sharing a home with an infected person is one of the most common ways of catching the coronavirus – one study from South Korea found that home contacts of an infected person were more than six times more likely to have the disease than other contacts. So the question is: where are all the high-risk people supposed to go to "shield" while their younger family members go out and about, merrily catching the virus? The authors of the Great Barrington Declaration have never given anything approaching an adequate answer.*

The best answer to that question is to note the questionable assumptions in it. One is that seniors in multi-generational households will have to be removed, perhaps by Government-enforced orders, to quarantine camps or hotels (when GBD in fact advocates no such thing). The other is that, in the absence of lockdowns, everyone would rush out to quickly catch the virus (when it is actually to each person's advantage to hang back and let others build herd immunity by catching it instead).

Stripping those assumptions out, though, the problem of multi-generational households remains; and one can compare alternative solutions. The lockdown one is simple: prevent Mom from going to work, and her daughter from going to school, and Granny will have nothing to worry about. Yet even a champion of lockdowns like New York governor Andrew Cuomo has questioned how well that worked out: "I don't even know that that was the best public health policy. Young people then quarantined with older people, [it] was probably not the best public health strategy... The younger people could have been exposing the older people to an infection." [14]

The GBD solution, on the other hand, would be to let these people "live their lives", which includes managing their own risks. Some common sense suggestions are: the daughter and mother should limit close contact with Granny; they should all give each other maximum space; they should let plenty of fresh air into the house; they should take Vitamins C and D and zinc, and drink tea, to build up their natural immunity. They could all be home-tested or temperature-checked regularly; anyone who felt even mildly ill could wear a mask. Perhaps Mom and Granny could take Ivermectin. Granny could even get a vaccine. (Yes, we have those now.) None of the above requires Government supervision. Not only are most families in situations like these able to manage such risks; as Hayek pointed out, their knowledge of local conditions, which the Government lacks, makes them able to better manage their risks than it would be able to.

If the daughter does catch Covid, she may have to leave home for a couple of weeks, going perhaps to a relative, perhaps to a hospital. After two weeks, though, when she is no longer contagious, she can not only return home but resume a closer relationship with Mom and Granny. Because she now has little to no chance of catching Covid, she has next to no chance of passing it on. By gaining immunity, she is no longer a threat to them but rather a shield; she can be an intermediary contact between Mom, Granny, and others who come to the door.

I realise that two of my own underlying premises – that individuals knowing their own local conditions may manage their own risks better than politicians writing general rules for everyone; and that infections that lead to full recovery and immunity are good things, not bad, because they can protect the more at-risk from infections – may be controversial with some. But I will skip arguing for them here, as this section is already too long.

> *3) The number of people isolating would be enormous. There were 14,843,119 people in the UK who lived in a household with someone aged 65+ in 2019, and 2,240,850 patients on the Shielded List – though some of these are over 65, so there's some overlap.*

I appreciate that the FAQsters try to give a precise number, rather than use the "defining who is vulnerable is complex" dodge the John Snow Memorandum resorted to.[3] I am also glad to see the scare quotes disappear from the word "Shielded". I do think the estimated number is too high, not just because of "some overlap", but also because (as I hope I explained well enough in the previous section) it does not seem necessary that everyone in a multi-generational household continue to be "isolated" or locked down. Certainly the GBD does not advocate a lockdown for all of them, or even a limited lockdown for seniors only. (On the contrary, it emphasises that those "who are more at risk may participate [in social activities] if they wish".[1]

> *That would have meant at least 15 million people being required to self-isolate, requiring food and medical attention at home while the virus was spreading unimpeded in the outside world. It's unclear how we would have provided food and medical supplies to such a large number of people while the rest of the population was living through the worst pandemic in a century, with all the disruption and work absences that would entail.*

What a nightmare! 15 million people placed under a Melbourne-style lockdown for months on end, unable to venture out even to buy food – and not even locked down in their own homes. (Remember "where are all the high-risk people supposed to go"). Fortunately, that is not what the GBD is advocating. To repeat; it does not call for replacing a lockdown of the non-essential with a lockdown of the vulnerable. It does not advocate locking anyone down.

Some or many seniors (like myself) will voluntarily isolate, which is little different from life under lockdown here in Ontario – not coincidentally, during the "worst pandemic in a century". So let me mention how I made it through:

The Ontario Government, in its wisdom, has closed most of the stores in my neighbourhood, but left one grocery store and one big-box retailer. I was allowed to walk to those, but did not have to do even that: My wife could order food and medicine on an app, and the same day someone will drop the goods at my apartment door, knock, and leave them. Believe it or not, that is not yet another Government app, but that has been offered by a private company since our very first lockdown. The Government's role has been limited to making sure my pension gets into my bank account, something it was already doing, so tackling the alleged logistical nightmare has actually cost it nothing.

The experience has reinforced my beliefs that: first, individuals with knowledge of their local conditions can sometimes do a better job of managing their risks than Government officials with out such knowledge; second, that a market economy, with free entry to local entrepreneurs (with their own knowledge of those local conditions, can help me and others manage our risks than better than whatever Government programs the FAQsters could devise. A free market, and a vital civil society, can accomplish many things more efficiently than Government, and here is another example. It follows that the less of the market and society a Government disrupts, the more efficiently the nation will be able to deal with both routine programs and emergencies.

> ***4) "Focused protection" would still mean a very large number of deaths among the wider population.*** *Applying a rough age-based infection-fatality ratio based on this table, and assuming half the wider population caught Covid and only a small number (5%) of pensioners ended up getting it, that would still mean 90,000 extra deaths. If 15% of pensioners caught Covid in this scenario,*

> *it would mean 175,000 deaths. However, even this is likely to be an underestimate, for reasons discussed in our next point.*

I have no problem with the FAQster's mathematics; what looks more questionable is their initial assumption, that over 40% of the adult population would need to be infected before reaching the herd immunity threshold (HIT). Consider that:

1. the FAQsters estimate an R0 of 2.5-3.5% for Covid-19,**(15)** implying a HIT of 67-72%,
2. estimates of the number of Brits who have already caught Covid-19 range from 15% to more than 20%,[16,17] and
3. over 30% have had at least one dose of a vaccine.[18]

Given these numbers, it is a stretch to think that a further 40%+ would need to acquire immunity before hitting the HIT. Given that vaccinations are rising much faster than infections, it is almost impossible to believe that all of those 40% would opt to gain immunity via natural infection.

As with all their points after point (1), the FAQsters are simply recycling old arguments from last October, when there were no vaccines, and the coming of vaccines has not induced them to reread. The above was never a good argument, as it rested on the questionable assumption that lockdowns would prevent all those deaths; whereas in reality the same number of people would be just as susceptible, at the very same risk of hospitalisation or death, with a lockdown or without. Either way, the same number of people would have to be infected to reach the HIT, and the same number of people could be expected to die in the process; all that a lockdown could do would be to 'flatten the curve' or slow down the death rate. Merely slowing down the death rate is not 'saving lives', but just kicking the corpses down the road.

Today, though, now that 'we have vaccines', the idea that anywhere near that number would be infected in the absence of lockdowns looks like pure imagination. Dressing up imagined assumptions in mathematical dress (as in computer modelling) may give them a patina of scientific validity; but with maths (as with logic), the conclusions reached remain just as imaginary as the starting premises.

> *5) **The health service would be overwhelmed in this scenario, leading to a potentially much higher death rate among the rest of the population.** On top of the deaths we could expect based on the fatality rates from the pandemic so far, so many other people in the rest of the population would be hospitalised in the Great Barrington scenario that the NHS would be totally overwhelmed. Applying the hospitalisation rates from this article to the rest of the population, and assuming 50% of the younger population caught COVID along with 5% of pensioners, that would mean 860,000 people would be*

> *hospitalised. If 15% of pensioners accidentally caught the virus, it would mean around 1.1m hospitalisations. This would overwhelm the health service. There are only 4,123 adult critical care beds in England, so many or most patients requiring hospitalisation would not be able to receive full treatment, and would have a much higher mortality rate.*

Since this argument is so similar to the previous one, a reply can be brief. The only difference I can see this time is an added assumption that the increase in infections and hospitalisations would happen almost immediately; that, without lockdowns, everyone's first thought would be to run out and happily ("merrily") catch COVID-19. To which the best reply would be to remind the FAQsters of their next point:

> *6) **Younger, healthier people don't want this virus either.** Just because younger, healthier people who catch the coronavirus die at lower rates than the elderly or those with pre-existing medical conditions, it doesn't mean that it's fine for them to catch the virus.*

Fair enough; while it is true that "For every 1,000 people infected with the coronavirus who are under the age of 50, almost none will die" and "The IFR [is] close to zero for people between the ages of 15 and 44" (according to the FAQsters' own citation),[19] it does not mean that young people have no risk at all. It is prudent for them to manage their risks, too.

I wish I could tell those young people to also get the vaccine. Unfortunately, they are not legally allowed to do so at this time; governments have monopolised the vaccines, and nobody is allowed to have them until their government gives permission. As not just a Covid libertarian but a full libertarian, and in light of my comments to point (3), I would like to see a legal vaccine market for those excluded from the Government program. That need not drain vaccines from the Government program: one possibility is a Right to Try law, letting people import, buy, and sell vaccines that have been authorised in other countries; a 'Dallas Buyers Club'-type solution. Alas, governments have put themselves in charge; and they have decided that no one can receive a vaccine without their permission.

I can only advise those who do not want the virus, and cannot legally be vaccinated, to take the common sense steps I mentioned in point (2): limit contacts, give other people their space, avoid crowded and closed-in spaces, take extra vitamins and zinc, and discuss with your doctor what else you can do.

> *Many sufferers of the coronavirus have found it to be an unpleasant few weeks, have been hospitalised, or have developed "Long Covid" – symptoms*

> *that persist long after the initial infection. The evidence for "Long Covid" is growing, although it remains inconclusive. Doctors from intensive-care units have written about their experience of watching as even young patients die from the disease. Hospitalisation rates, although highest for the elderly, have been accelerating in the UK across all age groups. Even for young people, Covid risks being far worse than just a bad cold or bout of the flu.*

I know little about "Long Covid", but I suspect I am not alone. As the JSM puts it, "we still do not understand who might suffer from long COVID",[3] nor do we understand precisely what their suffering entails. "Long Covid" is currently used as a blanket name for a number of distinct syndromes and a whole host of symptoms, ranging in severity from observed physical damage like scarring of the lung tissue, right through to purely self-reported symptoms like "breathlessness, muscle pains, palpitations and fatigue"[20] (all of which I have suffered from myself through the lockdowns). The bottom line: the risks and harms of Long Covid are largely unknown.

Which appears to be the point. Normally one would expect extreme interventions to be supported by strong evidence; but if people are afraid enough of the unknown, a very lack of evidence can be used to justify extreme measures. That was the case in the March lockdowns, and it appears that a similar tactic is being tried here. Fortunately, this new variant of alarmism may not work as well. "We have to close everything, or millions may die!" has a certain cachet; "We have to close everything, or millions may have an unpleasant few weeks!", not so much.

> *7) **Natural herd immunity is bad for other reasons.** Allowing a virus to go on jumping from person to person is a significant risk: it encourages the evolution of new variants, which might be more dangerous, undermining our response and our treatments. Even if a population develops herd immunity to a disease by infection, that doesn't mean the disease will go away. Changes in the population (such as new births and migration) and waning immunity will mean that people will continue to be susceptible to the disease over time, and new outbreaks could still occur in the future. Every person who catches the disease gives it another opportunity to mutate; only with eradication can we be sure it will not develop into a more dangerous form.*

This is more alarmism: more argument that we must lock down society, not because of what we know, but because of what we do not know. What it ignores is that, if natural immunity is "bad" for those reasons, immunity via vaccination is equally bad for the same reasons. Viruses are always mutating (the SARS-CoV-2 has mutated constantly since last January), and there is always a possibility that a mutation will both be resistant to immunity (although none has to date) and

more dangerous (though natural selection seems to imply that a less dangerous virus – one that keeps more of its hosts active in the community – would have an edge in spreading). The only way to end the chances of either occurrence, as the FAQsters note, is through through global eradication of the virus, or Zero Covid.

Which brings us back to the FAQsters' point (1). Since "eradication" or Zero Covid (rather than herd immunity) is the end they have in sight, reaching that end could well be years or even decades in the future. (Eradicating smallpox took almost 200 years from the first vaccine.)[21] Even eliminating the disease in a single country where it has taken root will involve further draconian intrusions (which will select for more contagious variants) for the foreseeable future. And even if eradication does happen in my or the FAQsters' lifetime, that does not eliminate the risk of more pandemics in the future, and the same cycle of interventions playing out again.

So whether they should be allowed to manage their own lives, or whether governments should continue trying to manage them for the duration – is very still very much an open question before the end, and it will continue to an open question afterward. The arguments for the lockdown option have always been weak, but the coming of vaccines has made them even weaker.

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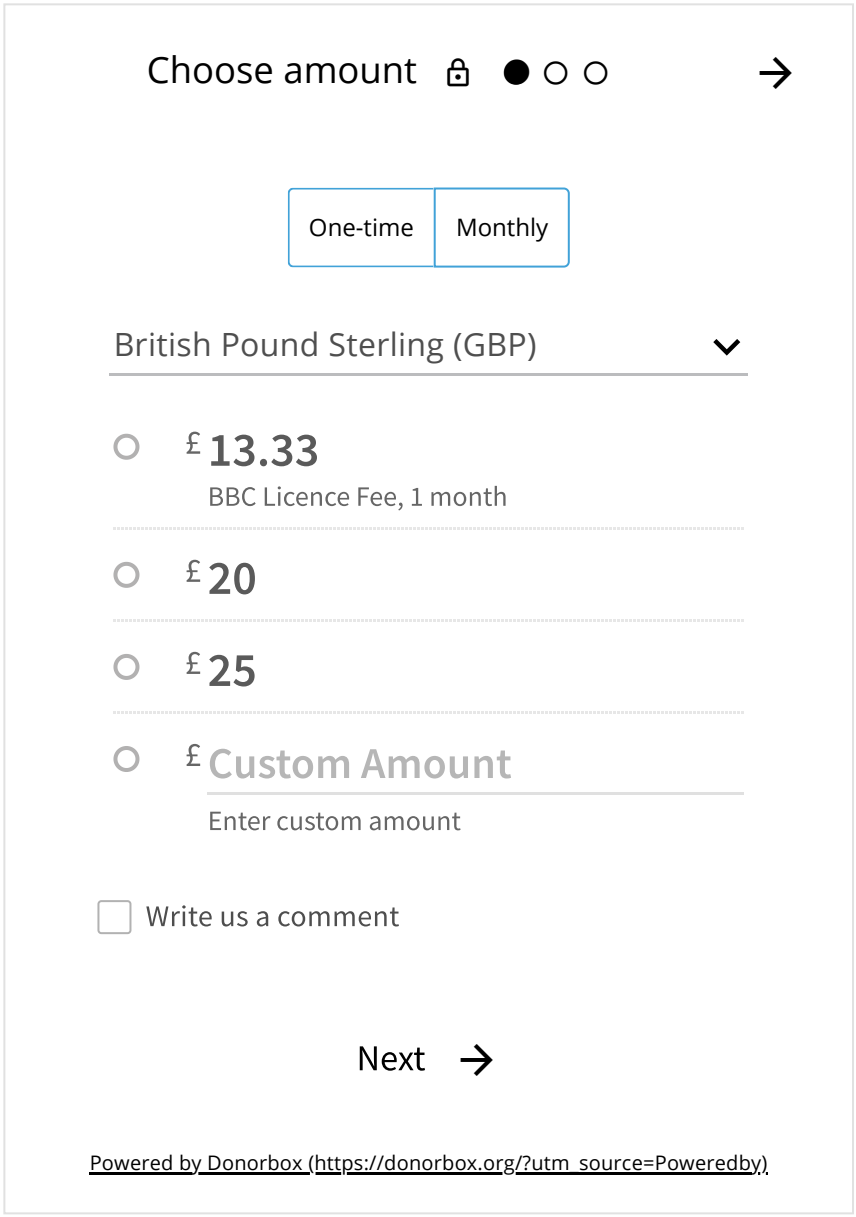

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> Necessity is the plea for every restriction of human freedom. It is the argument of tyrants; it is the creed of slaves.
>
> – William Pitt the Younger

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