

## Debate rages about lockdowns and other pandemic protections

By Peter Aleshire

February 18, 2022

Lockdowns and mask mandates have mostly lost their luster, despite the worst-ever surge in new COVID-19 cases.

The fast-spreading omicron variant has pushed the pandemic to all-time highs, especially in poorly vaccinated areas like Gila, Apache and Navajo counties.

In the past two weeks, Gila County has suffered the highest infection rate in the state — which has suffered one of the higher infection rates in the nation.

Navajo County has the state’s fifth highest infection rate, but the number of new cases has declined by 60% as a daily average in the past two weeks. Apache County’s rate is about 50% lower than Navajo County, with most of its residents living on the highly vaccinated Navajo Reservation.

Meanwhile, a vigorous debate about a working paper by three economists has raised questions about whether things like mask mandates, stay-at-home orders, business shutdowns, school shutdowns and other interventions did much to slow down the spread of even the earlier, less-contagious strains.

Virtually none of those measures are currently in place in Gila County, with low levels of voluntary mask wearing in public places.

The study led by Johns Hopkins University economist Steve Hanke, a senior fellow at the Libertarian CATO Institute, published online a “working paper” that statistically combined the results of several dozen studies on the impact on new cases and deaths in countries that imposed a whole welter of restrictions — including issuing mask mandates, restricting travel, stay-at-home orders, school closures and business lockdowns.

The analysis, which hasn’t been published in a scientific journal or peer reviewed, concluded that “lockdowns had little to no public health effects, they have imposed enormous economic and social costs where they have been adopted.

“In consequence, lockdown policies are ill-founded and should be rejected as a pandemic policy instrument.”

The economists from three different universities defined “lockdowns” as any policy that included “imposition or at least one compulsory, non-pharmaceutical intervention.”

Not only did lockdowns provide little or no long-term decrease in the spread of the virus or mortality rates, they may have caused an increase in domestic violence, drug overdose deaths and in some cases an increase in family infections among people locked down at home, the analysis concluded.

The study got wide coverage on Fox News and other conservative media channels.

Rep. Paul Gosar, a Republican who represents Rim Country in Congress, immediately issued a release saying, “The study is important because it found that lockdowns, school closures, border closures and limiting gathering in the United States and Europe did nothing to stop the spread of COVID-19 and had no impact in reducing deaths caused by the pandemic. Nothing. Nada. Zero. Zilch.”

He cited an oped he wrote two years ago in the Epoch Times that suggested the stay-at-home orders should only have applied to high risk groups, like people older than 70 and those with high risk conditions like diabetes and cancer until the US had a working vaccine.

The “working paper” by the economics drew criticism from some other medical researchers, suggesting the method of analysis and the studies included made the conclusions unreliable. In some cases, the authors of the original studies questioned the economists’ interpretation of their papers.

Other peer-reviewed and published scientific studies have shown a modest effect in countries with effective mask mandates, travel restrictions and partial shutdowns — at least early in the pandemic before the virus had become widespread globally.

Health officials had always suggested that lockdowns and mask mandates could “flatten the curve” of new infections. They argued this would prevent hospitals from getting overwhelmed by a surge in patients.

Almost none argued that the closures by themselves would bring the pandemic to an end. Studies suggest that some of the restrictions achieved the limited goal of “flattening the curve” — especially early in the pandemic.

One study of lockdowns in 27 different countries early in the pandemic found the length of the lockdown and when you measured the resulting change in new cases determined whether you could show an effect, according to the paper published on Biomedcentral.

The lockdowns showed little or no impact on new cases and deaths if measured after 15 days — probably as a result of the incubation period of new infections. But after 15 days, the infection rate and death rate both showed a “significant” decline — but not enough to stop the pandemic.

Another study published in the journal *Nature* found “non-pharmaceutical interventions — lockdowns in particular had a large effect on reducing transmission.

The study published in the peer-reviewed journal looked at infection and death rates in 11 European countries from the start of the pandemic in February 2020 to May 2020. The study’s authors said the inconsistencies in the data and the complicated mix of measures make it hard to estimate the effect of the lockdowns.

The reported cases probably dramatically underestimated the actual cases — especially early in the pandemic when testing was not widespread or as reliable.

Nonetheless, “given the observed infection fatality ratios and the epidemiology of COVID-19, major non-pharmaceutical interventions have had an effect in reducing transmission in all of the countries we considered. ... The number of potential deaths averted is substantial.”

Another study published in the medical journal *Lancet* concluded rapid border closures, full lockdowns and widespread testing were not strongly associated with reduced death rates from COVID-19 early in the pandemic.

However, national levels of preparedness for health problems, population characteristics such as obesity, the scale of testing and other population-based measures did lead to increased national caseloads and overall mortality.

Ironically, high-income countries had higher death rates — but that could reflect more widespread testing and hospitalization — leading to documenting a larger share of the COVID-related deaths.

Overall, the researchers concluded that “Full lockdowns and early border closures may lessen the peak of transmission and thus prevent health system overcapacity, which would facilitate increased recovery rates.”

The pandemic has provoked an upheaval in the way scientific findings are reported — leading to a rush of studies published on online sites without the normal peer review by outside scientists.

Prior to the pandemic, studies published in established journals like *Nature* and *Lancet* underwent months of review and double checking.

But the publication of studies online has exploded in the pandemic — resulting in a sometimes confusing rush of new information — as well as a lack of the kind of statistical double-checking of results guaranteed by the old system dependent on peer-reviewed scientific journals.

In the meantime, the pandemic continues to evolve — making it harder and harder to keep up.

Many of the studies of lockdowns in the early days of the pandemic focused on the alpha variant.

But the Delta variant — which was two to three times more infectious — made it unclear whether results of the behavior of the alpha variant still applied.

Omicron — which is perhaps four times more infectious than Delta — makes it even harder to keep up with the changing dynamics of the pandemic.

All of that's also complicated by the development of the vaccines — which have had a big impact on the rate of spread.

Finally, medical researcher have now also developed antiviral treatments that can dramatically reduce COVID-19 death rates if given early in the course of an infection.

This has prompted some epidemiologists to suggest hospitalization and death rates now offer better way to track the pandemic than infection rates.

The furor over the working paper on lockdowns published by the team of economists illustrates the rush to politicize the pandemic, which has bedeviled researchers and policy makers almost from the beginning.

The debate about masks, lockdowns and closures has waned, with the virus so wide spread and so infectious that many epidemiologists agree such measures won't have much effect — especially with the vaccines and medical treatments now offering much more effective and focused tools.

So the expert consensus remains.

Get vaccinated and boosted.

Get tested if you have symptoms — and seek treatment promptly if you test positive.

Be cautious about crowded situations — especially if you're not vaccinated and boosted.

And be cautious about exposing the elderly and people with high-risk conditions.

That's especially true if you have symptoms — but also applies if you may have been exposed to someone who's not vaccinated or boosted or recovered from an omicron infection in the last three to five days.