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Lockdowns only reduced COVID deaths by 0.2 per cent, Johns Hopkins study finds

'We find no evidence that lockdowns, school closures, border closures, and limiting gatherings have had a noticeable effect on COVID-19 mortality'

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A new study out of Johns Hopkins University is claiming that worldwide pandemic lockdowns only prevented 0.2 per cent of COVID-19 deaths and were “not an effective way of reducing mortality rates during a pandemic.”

“We find no evidence that lockdowns, school closures, border closures, and limiting gatherings have had a noticeable effect on COVID-19 mortality,” reads [the paper](#), which is based on a review of 34 pre-existing COVID-19 studies.

Given the “devastating effects” that lockdowns have caused, the authors recommended they be “rejected out of hand as a pandemic policy instrument.”

In both Europe and the United States, researchers found that a lockdown could only be expected to bring down mortality rates by 0.2 per cent “as compared to a COVID-19 policy based solely on recommendations.” For context, 0.2 per cent of total Canadian COVID-19 fatalities thus far is equal to about 70 people.

The impact of border closures was found to be even less effective, with death rates only going down about 0.1 per cent.

The study did give partial credit to policies that shut down “non-essential” businesses — which they concluded could bring down COVID death rates by as much as 10 per cent. The study noted that this was “likely to be related to the closure of bars.”

The meta-analysis drew on studies where researchers felt they had enough data to draw a link between lockdown policies and their subsequent effect on COVID-19 fatalities.

One cited paper is a [November](#) study published in the Review of Financial Studies. Researchers comprehensively broke down the COVID strictures in every single U.S. county throughout 2020 and then compared them against the county’s subsequent COVID fatality rates. That particular study found that restaurant closures and mask mandates saved lives, but that spa closures basically did nothing.

Another cited study is a July 2020 paper from The Lancet that tallied up COVID-19 outcomes in the world's 50 hardest hit countries and then compared it to factors ranging from border closures to obesity rates. That study found that “full lockdowns” and “rapid border closures” could measurably bring down a country's case rate, but didn't have all that much effect on death rates.

Researchers excluded nearly 83 studies for consideration — including some that supported the efficacy of lockdowns. The most notable of which is a 2020 study published in the journal Nature that concluded that European lockdowns helped avert between 2.8 and 3.5 million deaths in the first months of the pandemic.

The Johns Hopkins researchers only wanted to study death rates: They discarded any study that examined the effect of lockdowns on hospitalizations or case rates.

Jennifer Grant, an infectious diseases physician at the University of British Columbia, told the National Post that focusing only on mortality is a “crude” measure. “There are other elements of lockdown that should be considered ... hospital over-load and general burden of disease, including the need for hospitalization in those who fall ill and long-term consequences for the infected,” she said.

Nevertheless, Grant has been a critic of lockdown measures in part because they impact whole segments of the population who were at low risk to begin with.

“It made little sense to prevent young people from living normally because they are at very low risk of getting very sick, but have been very, very heavily hit by the impacts of lockdown,” she said.

The Johns Hopkins researchers also threw out any study that evaluated lockdowns based solely on “forecasts” of anticipated deaths. In the case of the Nature study, the Johns Hopkins researchers rejected it because it didn't control for other factors (such as “season” or “behaviour”) that could have explained how European death rates ultimately did not hit the levels predicted by virologists.

Unlike much of the media-cited research on COVID-19 thus far, the new Johns Hopkins paper is by economists rather than by epidemiologists. Lead author Steve Hanke is a senior fellow at the libertarian Cato Institute and a contributor to the right-leaning National Review.

Nevertheless, it's not the first study to pour cold water on the notion that lockdowns were a significant factor in saving lives during the pandemic.

An April study published in the Proceedings of the National Academy of Sciences, for instance, determined that U.S. “shelter-in-place” orders “had no detectable health benefits.” However, that study concluded that the policy failed mostly because Americans had already begun to follow social distancing protocols on their own.

Similarly, Johns Hopkins researchers concluded that policymakers may be underestimating how much of COVID's spread was mitigated simply by the private actions of citizens. If lockdowns

were ineffective, they write, “this should draw our focus to the role of voluntary behavioural changes.”

It will be years until researchers have a complete picture of the harms caused by lockdown policies, including damage to mental health and corresponding spikes in cancer and overdose fatalities.

What is known, however, is the cost: Government-imposed lockdowns spurred by the COVID-19 pandemic have proved to be one of the most expensive single events in human history. In Canada alone, the first year of the pandemic yielded a \$343 billion federal deficit driven largely by payments to workers unemployed by government-mandated closures of gyms, restaurants and other public spaces.