‘Lockdowns Had Little To No Effect On COVID-19 Mortality But Had Devastating Effects On Society’

Kim LaCapria
February 1, 2022

Claim

Research published in 2022 proved that "lockdowns had little to no effect” on mortality during the pandemic, but caused "devastating effects" for society.

Reporting

On February 1 2022, DailyWire.com published an article with the authoritative-sounding headline, “Lockdowns Had ‘Little To No Effect On COVID-19 Mortality’ But Had ‘Devastating’ Effects On Society.” It began:

A new [in February 2022] working paper from Johns Hopkins University’s “Studies in Applied Economics” institute claims that COVID-19 lockdowns imposed by a variety of governments worldwide had “little to no effect” on COVID-19 mortality. The study, conducted by three professors from around the world, also found that lockdowns “imposed enormous economic and social costs” and are “ill-founded and should be rejected as a pandemic policy instrument.”

According to the study released [in late January 2022], lockdowns were defined “as the imposition of at least one compulsory, non-pharmaceutical intervention (NPI). NPIs are any government mandate that directly restrict peoples’ possibilities, such as policies that limit internal movement, close schools and businesses, and ban international travel.”

An Extremely Brief History of Covid-19 ‘Lockdowns’

Measures often colloquially described as “lockdowns” became a large part of the global discourse at the beginning of the pandemic, primarily following a report by Imperial College London in March 2020. That research advised a number of non-pharmaceutical interventions (NPIs) to suppress the spread of the novel pathogen in the absence of pharmaceutical approaches, including “home isolation”:

We show [by modeling trajectory of spread] that in the UK and US context, suppression will minimally require a combination of social distancing of the entire population, home isolation of
cases and household quarantine of their family members. This may need to be supplemented by school and university closures, though it should be recognised that such closures may have negative impacts on health systems due to increased absenteeism.

That report was controversial, not in small part due to concerns mitigation and suppression measures would be damaging to business; the term “lockdown” was quickly adopted to reflect that tension. A Wikipedia entry for “Covid-19 lockdowns” summarized the measure:

Due to the COVID-19 pandemic, a number of non-pharmaceutical interventions colloquially known as lockdowns (encompassing stay-at-home orders, curfews, quarantines, cordons sanitaires and similar societal restrictions) have been implemented in numerous countries and territories around the world. These restrictions were established to reduce the spread of SARS-CoV-2, the virus that causes COVID-19. By April 2020, about half of the world’s population was under some form of lockdown, with more than 3.9 billion people in more than 90 countries or territories having been asked or ordered to stay at home by their governments. Although similar disease control measures have been used for hundreds of years, the scale seen in the 2020s is thought to be unprecedented.

Research and case studies have shown that lockdowns are effective at reducing the spread of COVID-19, therefore flattening the curve. The World Health Organization’s recommendation on curfews and lockdowns is that they should be short-term measures to reorganize, regroup, rebalance resources, and protect health workers who are exhausted. To achieve a balance between restrictions and normal life, the WHO recommends a response to the pandemic that consists of strict personal hygiene, effective contact tracing, and isolating when ill.

Although public health experts and economists generally supported lockdown restrictions, citing greater long-term costs for allowing the disease to spread uncontrollably, pandemic restrictions have had health, social, and economic impacts, and have been met with protests in some territories.

The Paper, its Findings, and its Authors

As we noted on our revised page about the March 2020 Imperial College London report, the Daily Wire engaged in a pattern of spreading harmful information about pandemic suppression measures (and falsely representing research):

At the very start of the piece, DailyWire.com identified the source material as a “working paper,” i.e. typically not yet peer-reviewed. The source of that working paper was a series called Studies in Applied Economics, described as a series of papers focused on economics, not medicine — and the series was apparently separate and distinct from a peer-reviewed journal called Studies of Applied Economics.

The description for the series (not the academic journal) says:
The Studies in Applied Economics series fills gaps in the history, statistics, and scholarship on a variety of subjects. The authors are mainly Fellows of the Institute and students at The Johns Hopkins University in Baltimore who conduct research under the general direction of Prof. Steve H. Hanke, Founder and Co-Director of the Institute for Applied Economics, Global Health, and the Study of Business Enterprise.

That focus was reflected on the second page of the paper (“A Literature Review And Meta-analysis Of The Effects Of Lockdowns On Covid-19 Mortality” [PDF]), “About the Authors”:

Jonas Herby (herby@cepos.dk) is special advisor at Center for Political Studies in Copenhagen, Denmark. His research focuses on law and economics. He holds a master’s degree in economics from University of Copenhagen.

Lars Jonung (lars.jonung@nek.lu.se) is professor emeritus in economics at Lund University, Sweden. He served as chairperson of the Swedish Fiscal Policy Council 2012-13, as research advisor at the European Commission 2000-2010, and as chief economic adviser to Prime Minister Carl Bildt in 1992-94. He holds a PhD in Economics from the University of California, Los Angeles.

Steve H. Hanke is a Professor of Applied Economics and Founder & Co-Director of The Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise. He is a Senior Fellow and Director of the Troubled Currencies Project at the Cato Institute … He was President of Toronto Trust Argentina in Buenos Aires in 1995, when it was the world’s best-performing mutual fund. Currently, he serves as Chairman of the Supervisory Board of Advanced Metallurgical Group N.V. in Amsterdam. In 1998, he was named one of the twenty-five most influential people in the world by World Trade Magazine. In 2020, Prof. Hanke was named a Knight of the Order of the Flag.

DailyWire.com’s summary of the working paper held that it “narrowed down 18,590 studies to 34,” then “24 [studies which] qualified for inclusion in the meta-analysis.” After quoting a portion of the paper, DailyWire.com added:

The study elaborated further, stating that the overall conclusion was “that lockdowns are not an effective way of reducing mortality rates during a pandemic, at least not during the first wave of the COVID-19 pandemic.”

An abstract for the paper itself read:

This systematic review and meta-analysis are designed to determine whether there is empirical evidence to support the belief that “lockdowns” reduce COVID-19 mortality. Lockdowns are defined as the imposition of at least one compulsory, non-pharmaceutical intervention (NPI). NPIs are any government mandate that directly restrict peoples’ possibilities, such as policies that limit internal movement, close schools and businesses, and ban international travel. This study employed a systematic search and screening procedure in which 18,590 studies are
identified that could potentially address the belief posed. After three levels of screening, 34 studies ultimately qualified. Of those 34 eligible studies, 24 qualified for inclusion in the meta-analysis. They were separated into three groups: lockdown stringency index studies, shelter-in-place order (SIPO) studies, and specific NPI studies. An analysis of each of these three groups support the conclusion that lockdowns have had little to no effect on COVID-19 mortality. More specifically, stringency index studies find that lockdowns in Europe and the United States only reduced COVID-19 mortality by 0.2% on average. [Shelter in place orders, or SIPOs] were also ineffective, only reducing COVID-19 mortality by 2.9% on average. Specific NPI studies also find no broad-based evidence of noticeable effects on COVID-19 mortality.

Although the 0.2 percent figure was emphasized by the Daily Wire, another specific figure proposing that a 10.6 percent reduction in COVID-19 deaths was due to specific closures of non-essential businesses (described by the authors as “likely related to the closure of bars”) did not warrant a mention:

Studies looking at specific NPIs (lockdown vs. no lockdown, facemasks, closing non-essential businesses, border closures, school closures, and limiting gatherings) also find no broad-based evidence of noticeable effects on COVID-19 mortality. **However, closing non-essential businesses seems to have had some effect (reducing COVID-19 mortality by 10.6%), which is likely to be related to the closure of bars.** Also, masks may reduce COVID-19 mortality, but there is only one study that examines universal mask mandates.

Of their titular conclusion that social distancing and quarantining (or “lockdowns”) did not reduce mortality, the authors roughly theorized that compliance could not truly be enforced:

Our main conclusion invites a discussion of some issues. Our review does not point out why lockdowns did not have the effect promised by the epidemiological models of Imperial College London (Ferguson et al. (2020). We propose four factors that might explain the difference between our conclusion and the view embraced by some epidemiologists.

First, people respond to dangers outside their door. When a pandemic rages, people believe in social distancing regardless of what the government mandates. So, we believe that Allen (2021) is right, when he concludes, “The ineffectiveness [of lockdowns] stemmed from individual changes in behavior: either non-compliance or behavior that mimicked lockdowns.” In economic terms, you can say that the demand for costly disease prevention efforts like social distancing and increased focus on hygiene is high when infection rates are high. Contrary, when infection rates are low, the demand is low and it may even be morally and economically rational not to comply with mandates like SIPOs, which are difficult to enforce …

… Second, mandates only regulate a fraction of our potential contagious contacts and can hardly regulate nor enforce handwashing, coughing etiquette, distancing in supermarkets, etc. Countries like Denmark, Finland, and Norway that realized success in keeping COVID-19 mortality rates relatively low allowed people to go to work, use public transport, and meet privately at home during the first lockdown. In these countries, there were ample opportunities to legally meet with others.
For their third and fourth conclusions, they added:

**Third, even if lockdowns are successful in initially reducing the spread of COVID-19, the behavioral response may counteract the effect completely**, as people respond to the lower risk by changing behavior. As Atkeson (2021) points out, the economic intuition is straightforward. If closing bars and restaurants causes the prevalence of the disease to fall toward zero, the demand for costly disease prevention efforts like social distancing and increased focus on hygiene also falls towards zero, and the disease will return.

**Fourth, unintended consequences may play a larger role than recognized.** We already pointed to the possible unintended consequence of SIPOs, which may isolate an infected person at home with his/her family where he/she risks infecting family members with a higher viral load, causing more severe illness. But often, lockdowns have limited peoples’ access to safe (outdoor) places such as beaches, parks, and zoos, or included outdoor mask mandates or strict outdoor gathering restrictions, pushing people to meet at less safe (indoor) places. Indeed, we do find some evidence that limiting gatherings was counterproductive and increased COVID-19 mortality.

Ultimately and unsurprisingly, the authors’ conclusions favored the more laissez-faire approach of “voluntary” measures versus more stringent “mandated” changes:

In the early stages of a pandemic, before the arrival of vaccines and new treatments, a society can respond in two ways: mandated behavioral changes or voluntary behavioral changes. **Our study fails to demonstrate significant positive effects of mandated behavioral changes (lockdowns). This should draw our focus to the role of voluntary behavioral changes. Here, more research is needed to determine how voluntary behavioral changes can be supported.** But it should be clear that one important role for government authorities is to provide information so that citizens can voluntarily respond to the pandemic in a way that mitigates their exposure.

**How Was Source Material Selected from More than 18,000 Studies?**

According to the paper’s authors:

All 18,590 studies were first screened based on the title. Studies clearly not related to our research question were deemed irrelevant.

After screening based on the title, 1,048 papers remained. These papers were manually screened by answering two questions:

1. Does the study measure the effect of lockdowns on mortality?
2. Does the study use an empirical ex post difference-in-difference approach (see eligibility criteria below)?
Studies to which we could not answer “yes” to both questions were excluded. When in doubt, we made the assessment based on reading the full paper, and in some cases, we consulted with colleagues.

After the manual screening, 117 studies were retrieved for a full, detailed review.

**Has Anyone Else Looked at Whether ‘Lockdowns’ Reduced Mortality From COVID-19?**

Science and medicine fact-checking site Health Feedback addressed the topic in May 2021, thanks to a misleading *New York Post* item making the same claims as the paper’s authors.

They reviewed the claims, concluding:

Scientific evidence shows that lockdowns reduce the spread of COVID-19 and save lives, so the claim made by the New York Post that lockdowns “don’t appear to have saved lives” is false.

Lockdowns can have varying consequences on the economy, depending on how strictly they are applied and how a country manages its reopening. Although lockdowns have also contributed to economic recession and high unemployment rates, they can pay off in the long run, as [an International Monetary Fund (IMF)](https://www.imf.org) analysis suggests. If lockdowns are strictly applied and the spread of the virus is brought under control, this would likewise limit the cases of illness and death in a population. These have an overall net positive effect on the economy, enabling a more rapid return to economic activity, thereby speeding up economic recovery.

That analysis noted that a false binary of either choosing “mitigation” or “the economy” was often presented, noting that unchecked spread of the virus had detrimental economic effects, too:

However, not locking down and letting the virus spread without restrictions would also harm the economy, the IMF found. Even when no lockdown is imposed, people may choose to practice physical distancing to avoid being infected, which also harms the economy.

In a section titled “Scientists’ Feedback,” Health Feedback obtained comment from a none-too-pleased author of the *New York Post*’s source material. Unsurprisingly, it had been misrepresented, likely to gin up agenda-driven pageviews:

Vivian Ho, Professor, Rice University, Baylor College of Medicine:

*I am disappointed that the results of my study have been misinterpreted. You’ll see from the title of the press release for this report that the conclusions are the opposite of the New York Post[‘s] claims:*

The report finds that the benefits of lockdowns in reducing deaths don’t occur immediately. Instead, they occur several months down the road. To quote directly from the report: “…the increasingly strong relationship between high levels of openness and high DDPM [daily deaths per million] suggests that lockdowns have been effective in both reducing DDPM in highly infected states and in preventing new spikes in deaths. Additionally, this trend implies that states that are more open are susceptible to higher COVID-19 death rates.”

Finally, a note was added to the review:

NOTE (12 May 2021):
After our review was published, the New York Post corrected their article by removing the inaccurate claim that lockdowns did not save lives (see archive of corrected article).

New Zealand, a Post-Script

New Zealand was a frequent focus of mitigation discourse in 2020 because of the country’s swift and thorough response, which resulted in the elimination of community transmission and lifting of restrictions much earlier than other countries.

A letter published in medical journal *The Lancet* in October 2020 (“Lessons from New Zealand’s COVID-19 outbreak response”) suggested that consistency in NPIs was effective in that instance:

The lockdown implemented in New Zealand was remarkable for its stringency and its brevity: Jefferies and colleagues show that the daily number of cases dropped below ten in mid-April [2020], less than a month after the first increase in New Zealand’s Alert Level. Furthermore, although most of the cases reported by mid-March [2020] were imported, almost no further importation was observed 2 weeks after the implementation of the first travel bans and isolation orders: imported cases represented 58% (95% CI 53–62) of the cases before March 15 [2020] but just 38% of the total. Control of importations and local transmission in New Zealand was achieved with stringent non-pharmaceutical interventions implemented rapidly when infection numbers were low: the Alert Level escalated from 1 to 4 in 5 days, when the number of cases had just passed 1000. Such stringent measures do not always result in a rapid drop of cases: the lockdown implemented in Melbourne on Aug 5, 2020, shows that it can take months before incidence is brought to minimal levels, with measures kept in place until late September. Long-lasting lockdowns also cause major economic disruption, deterioration of mental health in the population, and other indirect health consequences, ultimately decreasing population compliance. As other high-income countries have reported an increasing number of cases since August, 2020, the experience of New Zealand highlights that successful non-pharmaceutical interventions rely on early decisive reactions from health authorities, performant surveillance systems, and targeted testing strategies as much as stringency.

Summary
The Daily Wire continued acting as a disinformation superspreader with its February 1, 2022 item, “Johns Hopkins Study: Lockdowns Had ‘Little To No Effect On COVID-19 Mortality’ But Had ‘Devastating’ Effects On Society.” The referenced “study” was demoted to a “working paper” in the piece’s text, and its content was further cherry-picked to appeal to confirmation bias (successfully, as we first found it on Trendolizer.com). Health Feedback, a science and medicine focused fact checking site, debunked previous claims that “lockdowns” did not reduce mortality. As for the paper, its authors primarily dealt in the field of economics—not medicine nor public health. It would be remiss not to note that one of the paper’s authors regularly criticized shelter-in-place directives on social media, repeatedly describing requirements for vaccines in public places as “fascist.”