OPINION

Covid Lessons Learned, Four Years Later

By Scott W. Atlas And Steve H. Hanke

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our years ago this week Vice
President Mike Pence announced the White House's
"Is days to slow the spread"
campaign. What followed
was the unprecedented use of lockdowns, school closings and other
sweeping measures to mitigate
Covid-19. Four years later, we know
what many of us suspected then: None
of those policies were successful, an
any were gravely damaging.
The Covid health benefits of man
datory lockdowns were tiny. Lockdowns in the U.S. prevented between
4,000 and 16,000 Covid deaths. In an
average year 37,000 Americans die
from the flu, according to the Centers
for Disease Control and Prevention.

Mandatory lockdowns had almost no benefit-but did significant economic and health-related damage.

Lockdowns also failed to reduce in-

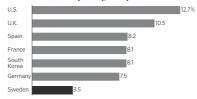
Lockdowns also failed to reduce infections more than a trivial amount, in part because people voluntarily alter their behavior when a bad bug is in the air. Coercive government policies generated few benefits—and massive costs.

Public-health agencies exacerbated the damage by failing to keep their beads and follow standard pandemicmanagement protocols. Before 2020, it was recognized that communities respond best to pandemics when government measures are only minimally disruptive. During Covid, however, officials junked that practice by greenlighting restrictive practices and in-

tentionally stoking fear. That response overlaid enormous economic, social, educational and health harms on top of those caused by the virus.

Those harms are captured, in part, in excess deaths—the number beyond what would have been expected without a pandemic. Non-Covid excess deaths from lockdowns, the shutdown of non-Covid medical care, and social control of the control of t

All-Cause Excess Death by Country, January 2020-23



Source-Proceedings of the National Academy of Scie access to non-Covid healthcare generated a fear of entering medical facilities. That was a profound mistake, as was encouraging the false belief that hospitals were too busy to treat people who needed care. Healthcare utilization rates were at low levels between 2020 and 2022. In spring 2020, nearly half of the nation's some 650,000 chemotherapy patients didn't get treatment, and 85% of living organ transplants weren't completed. One study found that there were 35.6% ever calls for cardiac emergencies after March 10, 2020, compared with the year prior. Emergency-room visits were down between 40% and 50%, according to an estimate in May 2020. That doubtless contributed to observed non-Covid excess deaths and may continue to do so, as Americans of the proposed contributed to observed non-Covid excess deaths and may continue to do so, as Americans of the proposed contributed to observed non-Covid excess deaths and may continue to do so, as Americans of the proposed contributed to observed non-Covid excess deaths and may continue to do so, as Americans of the proposed coviders of the proposed coviders to th

pandemic levels.

The economic costs of lockdowns were also staggering. According to the Bureau of Labor Statistics, as many as 49 million Americans were out of work in May 2020. This shock

had health consequences. A National Bureau of Economic Research study found that the lockdown unemployment shock is projected to result in \$40,000 to 1.22 million excess deaths over the next 15 to 20 years, disproportionately killing women and minorities.

Perhaps the worst policy error was prolonged school closings. Learning loss for children, especially in poor families, is already showing up in reduced standardized-test scores. These losses will affect earnings for decades. By one estimate today's children characteristics.

duced statuaruzuer-ess com-These losses will affect earnings for decades. By one estrante today's chil-dren will loss 97 trillion in lifetime earnings owing to school closings, poctancy, which is linked to income and educational attainment. While school closings had no off-setting public-health benefits, the at-tendant isolation led to massive in-creases in psychiatric illness, self-harm, obesity and substance abuse. Healthy children were always at van-ishingly small risk from Covid, and nearly all of them were infected at some point anyway, according to CDC data. Like a regressive tax, these

harms were severest for lower-in-

harms were severest for lower-income and minority students.
One result of the government's
Covid response is that Americans
have lost faith in public-health institutions. To earn back their confidence, Congress and the states
should rewrite their statutes regarding public-health emergencies. Legislatures should place strict limitations
on the powers conferred to publichealth executives, in addition to in
plementing sunset clauses that require legislative majorities to extens
them. Congress should likewise set
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tus. I health agencies.
The CDC, the Food and Drug Administration and the National Institutes for Health should be fully transparent about their deliberations.
They should publish transcripts of
their formal discussions on digital fortums for public consumption. Congress should also restate that the
CDC's guidance is strictly advisory
and that the agency doesn't have
power to set laws or issue mandates.
The LDS. should halt all indicate
They are the strictly and the second
organization until it also enhances
transparency and accountability.
Most important, these institutions
must acknowledge that lockdowns,
school closings and mandates were
egregious errors that won't be repeated. Until they do, the American
people should continue to withhold
their trust.

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