'Lockdown is a terrible experiment'

Harvard epidemiologist Martin Kulldorff on the Great Barrington Declaration and why lockdown harms public health.

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The lockdowns around the world have been justified on the basis of 'The Science'. But now a group of eminent infectious-disease experts have come together to sign the Great Barrington

Declaration, calling for an end to the lockdowns and for more resources to be devoted to protecting the vulnerable. One of the three main signatories is Martin Kulldorff, professor of medicine at Harvard Medical School. *spiked* caught up with him to find out more.

***spiked*:** What is your driving concern about lockdown, and what compelled you to sign the Great Barrington Declaration?

Martin Kulldorff: The media suggests there is a scientific consensus in favour of lockdown, but that is not the case. I have two concerns. One is about the collateral damage lockdown causes to other aspects of public health. One of the basic principles of public health is that you do not just look at one disease – you have to look at health as a whole, including all kinds of diseases, over a long period. That is not what has been done with Covid-19. As a public-health scientist, it is stunning to see how focused people are on this one disease and on the short term. The collateral damage is very tragic: cardiovascular disease outcomes are worse, cancer screenings are down, and there are mental-health issues, for example.

My second concern is that, even when we put broader public health to one side and focus just on Covid, the current approach does not make sense. We sought to flatten the curve in the spring so as not to overload hospitals, and that succeeded in almost every country. But

trying to suppress the disease with contact tracing, testing and isolation, together with severe lockdowns, is not going to solve the problem. It will just push things into the future.

***spiked*:** How should we be dealing with the virus instead?

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Kulldorff: We should not do nothing, and just let Covid rip through society. But we should not do a general lockdown either. Even with a lockdown we will still have a lot of people, young and old, who get the disease, and a lot of the older people will die. The key to minimising mortality in the long term is to do what we, in the declaration, call 'focused protection': focusing efforts on high-risk individuals, and letting young people live their lives normally. Young people should still wash their hands and stay home when they are sick. But they should be able to have in-person teaching in schools and universities, and be allowed to take part in sports and so on. Restaurants should be allowed to open.

In this scenario, if we protect the elderly more effectively, very few will be infected. Instead, lots of young people will be infected. Shifting the balance of infection toward young people will

drastically reduce mortality. We cannot completely protect the elderly, but the longer we drag out the pandemic, the more difficult it is to do so. They are actually better protected if we don't have a lockdown.

Anyone can be infected. But we know that there is a difference in risk between age groups. And it's not just a two-fold or five-fold or even 10-fold excess risk. It's not even 100-fold. The difference in risk between the oldest and the youngest is more than 1,000-fold. That is huge.

Covid-19 is our enemy, and we have to utilise its weaknesses. Covid is not a dangerous disease for young people. For children, it is much less dangerous than seasonal flu. For example, Sweden was the only country that kept schools open throughout the height of the pandemic in the spring. There were no masks and there was no social distancing. Out of 1.8million children there were exactly zero deaths from Covid-19 during this period. And there were only a few hospitalisations. It was much milder than the seasonal flu.

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***spiked*:** You've described the risks Covid poses to different age

groups. But is it not also the case that the harms of the lockdown are unevenly distributed?

Kulldorff: That's certainly true. Lockdown is a double whammy for the working class. In terms of Covid itself, we are protecting low-risk college students and professionals who can work from home, while working-class people still have to go to work. We are basically throwing the working class under the bus, protecting those of us who are more privileged. The working class is carrying the burden of generating the immunity that will eventually protect us all.

The collateral damage of lockdown is also hurting the working class. Those of us who can work from home are less likely to lose our jobs. But if you work as a waiter in a restaurant, for example, it's different. And of course, the working class has much less of a safety net. The more privileged are better able to take a financial hit. But the working class doesn't have that luxury.

***spiked*:** One thing that is not mentioned in the declaration is mass testing and contact tracing. That seems to be a major part of most governments' strategies. The British government, for example, has spent more on its contact-tracing system than it spent on the 2012 Olympics. Do you think this will work, or is it misguided?

Kulldorff: First of all, contact tracing, testing and case isolation is a

well-established method for infectious-disease control. For some diseases it is a critical tool. But we don't use this method for annual influenza. It doesn't work for that. And it doesn't work for Covid if it has already spread in the population, in the absence of lockdown measures.

For nursing homes, testing is critical. If staff have already had Covid and are immune, we don't need to test them. But those who have not had it should be tested frequently, because they could otherwise infect the residents who are at a higher risk. Testing is also important in hospital settings. There is a rationale for random testing, too, not so much to know if a particular person is infected, but more to monitor the spread of the disease in society.

On the other hand, there is no public-health purpose for the mass testing of college students or school children. It's just damaging, and makes people afraid, meaning schools get closed.

***spiked*:** Some people argue it will take too long to achieve herd immunity. What is your take on that issue?

Kulldorff: We have herd immunity for lots of other pathogens, some through vaccines, but most through natural infection. It is therefore far-fetched and ignorant to think it will not happen for Covid. It is true that we don't know how long immunity to Covid

lasts. For some infections, like measles, we get lifelong immunity. But for others, we don't. If we are to get Covid again several years down the line, however, it is likely it will be much milder than the first time.

We are never going to get rid of Covid. It is going to be endemic, just like other coronaviruses. But one thing that makes a big difference is that every year new people are born. They are susceptible to Covid, but for children it is a very mild disease. That is an advantage we have in fighting Covid compared to, say, measles, which is a very serious disease for children. If you look at it with a long-term perspective, if everybody gets Covid as a child, it is not going to be a major problem.

***spiked*:** Have people lost sight of the bigger picture? There seems to be little concern about what current measures might mean in 10 years' time, or even any consideration of how we have dealt with public-health emergencies in the past.

Kulldorff: It's a unique experiment, and it's a terrible experiment. I'm amazed – as are many of my colleagues – at the total focus on this disease. In a short time, we are throwing all the principles of public health out the window. Most countries in Europe had a pandemic-preparedness plan which did not recommend lockdowns, but instead proposed a risk-based strategy to protect those at high

risk, which is actually the same as the focused protection we put forward in the Great Barrington Declaration. What we are proposing is, therefore, nothing revolutionary. Many people have been advocating for it throughout this pandemic, but they have not had much attention.

***spiked*:** Do you think there is a danger that the current measures could become the established way of dealing with health crises?

Kulldorff: No, because it will be so clear down the road that what we did was a big mistake. What I am concerned about is that the trust in science and scientists, which has already taken a hit, will get even worse. This is worrying when thinking about future health crises. For example, some people in the United States don't want to talk to the public-health department about contact tracing. They don't want to divulge personal information because there is a huge lack of trust between public-health authorities and the public. That is a very bad thing, because contact tracing is critical for tackling some diseases. Let's say that two years from now we have another pathogen, for which we require contact tracing. And say people don't want to cooperate with the public-health agencies – that could have hugely detrimental effects.

Martin Kulldorff was speaking to Fraser Myers. You can sign the Great Barrington Declaration here.