

## Lockdowns - effective or not?

---

Introduction:

Some important questions we must all ask:

Can you beat a virus with ‘Lockdowns’?

What has the collateral cost been in society?

Significant medical professionals assessed the situation in 2020 and decided to make this declaration:

Drawn from Website that was updated in May 2021 ( <https://gbdeclaration.org>)

### ***“Great Barrington Declaration”***

As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

### **The Declaration**

*The Great Barrington Declaration – As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.*

*Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.*

*Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.*

*Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.*

*As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.*

*The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.*

*Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.*

*Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.*

**On October 4, 2020, this declaration was authored & signed in Great Barrington, USA, by:**

**Dr. Martin Kulldorff**, professor of medicine at **Harvard University**, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations.

**Dr. Sunetra Gupta**, professor at **Oxford University**, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases.

**Dr. Jay Bhattacharya**, professor at **Stanford University Medical School**, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations.

## **Co-signers**

Medical and Public Health Scientists and Medical Practitioners

**Dr. Alexander Walker**, principal at World Health Information Science Consultants, former Chair of Epidemiology, Harvard TH Chan School of Public Health, USA

**Dr. Andrius Kavaliunas**, epidemiologist and assistant professor at Karolinska Institute, Sweden

**Dr. Angus Dalglish**, oncologist, infectious disease expert and professor, St. George's Hospital Medical School, University of London, England

**Dr. Anthony J Brookes**, professor of genetics, University of Leicester, England

**Dr. Annie Janvier**, professor of pediatrics and clinical ethics, Université de Montréal and Sainte-Justine University Medical Centre, Canada

**Dr. Ariel Munitz**, professor of clinical microbiology and immunology, Tel Aviv University, Israel

**Dr. Boris Kotchoubey**, Institute for Medical Psychology, University of Tübingen, Germany

**Dr. Cody Meissner**, professor of pediatrics, expert on vaccine development, efficacy, and safety. Tufts University School of Medicine, USA

**Dr. David Katz**, physician and president, True Health Initiative, and founder of the Yale University Prevention Research Center, USA

**Dr. David Livermore**, microbiologist, infectious disease epidemiologist and professor, University of East Anglia, England

**Dr. Eitan Friedman**, professor of medicine, Tel-Aviv University, Israel

**Dr. Ellen Townsend**, professor of psychology, head of the Self-Harm Research Group, University of Nottingham, England

**Dr. Eyal Shahar**, physician, epidemiologist and professor (emeritus) of public health, University of Arizona, USA

**Dr. Florian Limbourg**, physician and hypertension researcher, professor at Hannover Medical School, Germany

**Dr. Gabriela Gomes**, mathematician studying infectious disease epidemiology, professor, University of Strathclyde, Scotland

**Dr. Gerhard Krönke**, physician and professor of translational immunology, University of Erlangen-Nuremberg, Germany

**Dr. Gesine Weckmann**, professor of health education and prevention, Europäische Fachhochschule, Rostock, Germany

**Dr. Günter Kampf**, associate professor, Institute for Hygiene and Environmental Medicine, Greifswald University, Germany

**Dr. Helen Colhoun**, professor of medical informatics and epidemiology, and public health physician, University of Edinburgh, Scotland

**Dr. Jonas Ludvigsson**, pediatrician, epidemiologist and professor at Karolinska Institute and senior physician at Örebro University Hospital, Sweden

**Dr. Karol Sikora**, physician, oncologist, and professor of medicine at the University of Buckingham, England

**Dr. Laura Lazzeroni**, professor of psychiatry and behavioral sciences and of biomedical data science, Stanford University Medical School, USA

**Dr. Lisa White**, professor of modelling and epidemiology, Oxford University, England

**Dr. Mario Recker**, malaria researcher and associate professor, University of Exeter, England

**Dr. Matthew Ratcliffe**, professor of philosophy, specializing in philosophy of mental health, University of York, England

**Dr. Matthew Strauss**, critical care physician and assistant professor of medicine, Queen's University, Canada

**Dr. Michael Jackson**, research fellow, School of Biological Sciences, University of Canterbury, New Zealand

**Dr. Michael Levitt**, biophysicist and professor of structural biology, Stanford University, USA. Recipient of the 2013 Nobel Prize in Chemistry.

**Dr. Mike Hulme**, professor of human geography, University of Cambridge, England

**Dr. Motti Gerlic**, professor of clinical microbiology and immunology, Tel Aviv University, Israel

**Dr. Partha P. Majumder**, professor and founder of the National Institute of Biomedical Genomics, Kalyani, India

**Dr. Paul McKeigue**, physician, disease modeler and professor of epidemiology and public health, University of Edinburgh, Scotland

**Dr. Rajiv Bhatia**, physician, epidemiologist and public policy expert at the Veterans Administration, USA

**Dr. Rodney Sturdivant**, infectious disease scientist and associate professor of biostatistics, Baylor University, USA

**Dr. Salmaan Keshavjee**, professor of Global Health and Social Medicine at Harvard Medical School, USA

**Dr. Simon Thornley**, epidemiologist and biostatistician, University of Auckland, New Zealand

**Dr. Simon Wood**, biostatistician and professor, University of Edinburgh, Scotland

**Dr. Stephen Bremner**, professor of medical statistics, University of Sussex, England

**Dr. Sylvia Fogel**, autism provider and psychiatrist at Massachusetts General Hospital and instructor at Harvard Medical School, USA

**Tom Nicholson**, Associate in Research, Duke Center for International Development, Sanford School of Public Policy, Duke University, USA

**Dr. Udi Qimron**, professor of clinical microbiology and immunology, Tel Aviv University, Israel

**Dr. Ulrike Kämmerer**, professor and expert in virology, immunology and cell biology, University of Würzburg, Germany

**Dr. Uri Gavish**, biomedical consultant, Israel

**Dr. Yaz Gulnur Muradoğlu**, professor of finance, director of the Behavioural Finance Working Group, Queen Mary University of London, England