

EYE ON THE NEWS

Death and Lockdowns

There's no proof that lockdowns save lives but plenty of evidence that they end them.

John Tierney

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Now that the 2020 figures have been properly tallied, there's still no convincing evidence that strict lockdowns reduced the death toll from Covid-19. But one effect is clear: more deaths from other causes, especially among the young and middle-aged, minorities, and the less affluent.

The best gauge of the pandemic's impact is what statisticians call "excess mortality," which compares the overall number of deaths with the total in previous years. That measure rose among older Americans because of Covid-19, but it rose at an even sharper rate among people aged 15 to 54, and most of those excess deaths were not attributed to the virus.

Some of those deaths could be undetected Covid-19 cases, and some could be unrelated to the pandemic or the lockdowns. But preliminary reports point to some obvious lockdown-related factors. There was a sharp decline in visits to emergency rooms and an [increase in fatal heart attacks](#) due to failure to receive prompt treatment. Many fewer people were [screened for cancer](#). Social isolation contributed to [excess deaths from dementia and Alzheimer's](#).

Researchers predicted that the social and economic upheaval would lead to [tens of thousands](#) of "deaths of despair" from drug overdoses, alcoholism, and suicide. As unemployment surged and mental-health and substance-abuse treatment programs were interrupted, the [reported levels](#) of anxiety, depression, and suicidal thoughts

people killed last year in [motor-vehicle accidents](#) in the United States rose to the highest level in more than a decade, even though Americans did significantly less driving than in 2019. It was the steepest annual increase in the fatality rate per mile traveled in nearly a century, [apparently due](#) to more substance abuse and more high-speed driving on empty roads.

The number of excess deaths not involving Covid-19 has been [especially high in U.S. counties](#) with more low-income households and minority residents, who were disproportionately affected by lockdowns. Nearly 40 percent of workers in low-income households lost their jobs during the spring, [triple the rate](#) in high-income households. Minority-owned small businesses suffered more, too. During the spring, when [it was estimated](#) that 22 percent of all small businesses closed, 32 percent of Hispanic owners and 41 percent of black owners shut down. Martin Kulldorff, a professor at Harvard Medical School, [summarized the impact](#): “Lockdowns have protected the laptop class of young low-risk journalists, scientists, teachers, politicians and lawyers, while throwing children, the working class and high-risk older people under the bus.”

The deadly impact of lockdowns will grow in future years, due to the lasting economic and educational consequences. The United States will experience more than 1 million excess deaths in the United States during the next two decades as a result of the massive “unemployment shock” last year, according to [a team of researchers](#) from Johns Hopkins and Duke, who analyzed the effects of past recessions on mortality. [Other researchers](#), noting how educational levels affect income and life expectancy, have projected that the “learning loss” from school closures will ultimately cost this generation of students more years of life than have been lost by all the victims of the coronavirus.

After the pandemic began in March, the number of excess deaths in the United States rose for all American adults. During the summer, as the pandemic eased, the rate of excess mortality declined among older Americans but remained unusually high among young adults. When [statisticians at the Centers for Disease Control](#) totaled the excess deaths for age groups through the end of September, they reported that the sharpest change—an increase of 26.5 percent—occurred among Americans aged 25 to 44.

people were not linked to the coronavirus, as [researchers from the University of Illinois](#) found by analyzing excess deaths from March through the end of November. Among Americans aged 15 to 54, there were roughly 56,000 excess deaths, of which about 22,000 involved Covid-19, leaving 34,000 from other causes. The [Canadian government](#) also reported especially high mortality among Canadians under 45: nearly 1,700 excess deaths from May through November, with only 50 of those deaths attributed to Covid-19.

“We don’t know exactly why, but a lot of adults were dying last year who would not have ordinarily died, and it wasn’t just because of Covid,” says Sheldon H. Jacobson, one of the Illinois researchers. “It’s possible that some of the Covid-19 deaths were undercounted, but there were many deaths due to other causes. Shutdowns certainly caused mental health issues, and a lot of preventive medical treatments were delayed.”

The lockdowns may also have saved some lives, but there’s still no good evidence. When the 50 states are ranked according to the [stringency of their lockdown restrictions](#), you can see one obvious pattern: the more restrictive the state, the higher the unemployment rate. But there’s no pattern in the rate of [Covid-19 mortality](#). International comparisons yield similar results. One shows that [countries](#) with more stringent lockdowns tend to have [slightly higher levels](#) of Covid-19 mortality. Another suggests that [European countries](#) with stricter lockdowns have performed worse economically while also suffering higher rates of excess mortality.

It’s true, as lockdown proponents argue, that many factors could confound these broad comparisons. Some places are more vulnerable to Covid-19 because of geographic and demographic variables, and so may be more likely to impose lockdowns in response to a surge. But other methods of measuring the effects of lockdowns have also been inconclusive. Some researchers reported early in the pandemic that lockdowns slowed viral spread and reduced mortality, but those conclusions were [based on mathematical models](#) with widely varying—and [sometimes quite dubious](#)—assumptions about what would have happened without lockdowns.

Meantime, [more than two dozen studies](#) have challenged the effectiveness of lockdowns, relying mainly not on mathematical models but on trends in Covid-19



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no impact on viral spread and mortality. By comparing regions and countries, researchers have found that [trends in infections](#) were similar regardless of whether there were [mandated business closures or stay-at-home-orders](#).

It seems intuitively obvious that lockdowns would save lives by reducing social interactions and therefore the spread of the virus, but there are other consequences. Lockdowns force people to spend more time indoors, where viruses spread more easily. By preventing younger people from socializing and being exposed to the virus, a lengthy lockdown slows the build-up of herd immunity in this low-risk population, so eventually the virus may infect and kill more vulnerable older people.

Last spring and summer, public-health officials attributed California's low rate of Covid-19 mortality to its stringent lockdown policies, and they predicted disaster for Florida, which reopened early and has remained one of the least-restrictive states. But California's lockdowns didn't prevent a severe outbreak in the winter. While the state's Covid-19 mortality rate remains slightly below the national average, its overall rate of excess mortality since the pandemic began is well [above the national average](#). In Florida, by contrast, the rate of excess mortality is below the national average and significantly below California's, especially among younger adults.

Public-health officials widely denounced Sweden for refusing to lock down and mandate masks last spring, when its Covid-19 mortality was high. A computer model projected [nearly 100,000 Swedish deaths](#) from the virus last year. But that prediction turned out to be ten times too high, and other countries have since caught up with Sweden. While it suffered another outbreak this winter, mainly in regions that were not hit hard in the spring, Sweden's [cumulative death toll](#) per capita from Covid-19 is now slightly below the European Union's average and about 20 percent lower than America's.

When it comes to preventing excess deaths, Sweden has done at least as well as the rest of Europe or better, depending how one calculates. To determine excess mortality, statisticians first define the baseline for a "normal" number of deaths in each country. This can be done by extending the mortality trend of the previous years or by taking an average of past mortality rates, with adjustments for the changing age structure of the population. The CDC's method, for instance, shows [18](#)



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figure at [13 percent](#). It's debatable which measure is better, but as long as any single method is applied consistently everywhere, it can gauge how one place has fared relative to another.

A group of [researchers in Israel and Germany](#) calculates that there have been 11 percent more deaths than normal in Sweden since the pandemic began, which is slightly lower than the median among European countries. Statisticians at the *Economist* also rank Sweden's excess mortality slightly lower than the European median since the pandemic began. [A team at Oxford University](#), which counted deaths for all of 2020, calculates that Sweden's rate of excess mortality last year was just 1.5 percent, which was lower than two-thirds of the countries in Europe.

By any measure of excess mortality, Sweden has fared much better than countries with especially strict lockdowns and mask mandates, like the United Kingdom, Spain, and Portugal. It hasn't done as well as Norway and Finland, where mortality has been no higher than normal (and below normal, by some calculations). Critics have often noted this disparity as an argument against Sweden's approach. But the problem with this "Neighbor Argument," as [Oxford's Paul Yowell](#) calls it, is that the neighbors have followed policies like Sweden's for most of the pandemic.

Norway and Finland were stricter than Sweden in the spring, when they quickly imposed border controls and closed schools and some businesses. But they also reopened quickly and during the rest of the year [ranked](#) among the least restrictive countries in Europe. All three Nordic countries have imposed on-and-off restrictions in some areas during outbreaks this winter, but they have avoided extended national lockdowns and other strict measures. Finland recently mandated masks on public transportation, but Norway and Sweden still merely recommend it for commuters; otherwise, they remain among the few countries in Europe without mask mandates. In all three countries, businesses and schools have remained open most of the past year, and relatively few people have worn masks on the streets or in stores, offices, or classrooms.

Sweden's higher rate of mortality among the Nordics may be related to the greater number of international travelers arriving there last year, due partly to its looser border-control policies and partly to its larger population of immigrants. Another explanation for last year's high mortality rate is what researchers call the "[dry](#)

leaving an unusually large number of frail elderly people who were especially vulnerable to Covid-19. (This same factor contributed to the high death toll last year in the United States, where flu mortality had also been low the previous two winters.) If you [compensate for this factor](#) by averaging mortality in Sweden over 2019 and 2020, the age-adjusted mortality rate is about the same as during the previous few years.

The three Nordic countries have all done much better than the United States in preventing excess deaths, and there's one especially troubling difference: the rate of excess mortality among younger people. That rate soared last year among Americans in lockdown, but not among the Swedes, Norwegians, and Finns, who kept going to school, working, and socializing without masks during the pandemic. In fact, among people [aged 15 to 64](#) in each of the Nordic countries, there have been fewer deaths than normal since the pandemic began.

The lockdowns in America exacted a toll on people of all ages because excess deaths not attributed to Covid-19 also occurred among the elderly. Some were doubtless due to undetected Covid-19 infections—particularly early in the pandemic, when tests were not widely available. However, there was probably also some overcounting (the CDC permitted states to count a death as Covid-related without a test if it was deemed the “probable cause”). Whatever the direction of the errors, there were clearly many excess deaths not caused by the virus. The CDC counted about 345,000 deaths last year in which Covid-19 was the “underlying cause.” Even if you add the deaths in which the virus was a “contributing cause,” bringing the total to nearly 380,000, that accounts for only three-quarters of the excess mortality. Given that the total number of excess deaths, by the CDC's calculation, was about 510,000 last year, that leaves more than 130,000 excess deaths from other causes.

How many of those 130,000 people in America were killed by lockdowns? No one knows, but the number is surely large, and the toll will keep growing this year and beyond. Those deaths won't make many headlines, and the media won't feature them in charts like the ones comparing the coronavirus death toll to past wars. But these needless deaths are the greatest scandal of the pandemic. “Lockdowns are the single worst public health mistake in the last 100 years,” [says Dr. Jay Bhattacharya](#), a professor at Stanford Medical School. “We will be counting the catastrophic health

earth, for a generation.” He describes the lockdowns as “trickle-down epidemiology.”

Public-health officials are supposed to consider the overall impact of their policies, not just the immediate effect on one disease. They’re supposed to weigh costs and benefits, promoting policies that save the most total years of life, which means taking special care to protect younger people and not divert vast resources to treatments for those near the end of life. They are not supposed to test unproven and dangerous treatments by conducting experiments on entire populations.

Sweden and Florida followed these principles when they rejected lockdowns and trusted their citizens to take sensible precautions. That trust has been vindicated. The lockdown enforcers made no effort to weigh the costs and benefits—and ignored analyses showing that, even if the lockdowns worked as advertised, they would still **cost more years of life** than they saved. During the spring, panicked officials claimed the lockdowns were a temporary measure justified by projections that hospitals would be overwhelmed. But then the lockdowns continued long after it became clear that the projections were wildly wrong.

If a corporation behaved this way, continuing knowingly to sell an unproven drug or medical treatment with fatal side effects, its executives would be facing lawsuits, bankruptcy, and criminal charges. But the lockdown proponents are recklessly staying the course, still insisting that lockdowns work. The burden of proof rests with those imposing such a dangerous policy, and they haven’t met it. There’s still no proof that lockdowns save any lives—let alone enough to compensate for the lives they end.

*John Tierney is a contributing editor of City Journal, a contributing science columnist for the New York Times, and coauthor of **The Power of Bad: How the Negativity Effect Rules Us and How We Can Rule It.***