



Written by [Veronika Kyrylenko](#) on February 2, 2022

# Johns Hopkins: Lockdowns Caused “Enormous” Harm, Had Little to No Benefit

Closures of businesses, schools, and public places and stay-at-home orders that were imposed by governments worldwide — all presumably based on the best scientific advice — did virtually nothing to curb the spread of COVID-19 and save lives. Yet, these measures had a “devastating” and “enormous” effect on economy, society, and public health, researchers at Johns Hopkins University (JHU) found.

A [new paper](#) titled “A Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality” represents a complex meta-analysis of 24 international studies (narrowed down from a pool of more than 18,590 lesser studies) on the level of effectiveness of restrictions on individuals’ movement and activity at reducing COVID deaths.

The analysis revealed that compulsory non-pharmaceutical interventions (NPIs), commonly known as “lockdowns” in Europe and the United States, reduced COVID-19 deaths by 0.2 percent on average.

Even strict shelter-in-place-orders (SIPOs) “were also ineffective, only reducing COVID-19 mortality by 2.9% on average.”

The researchers state that,

Overall, we conclude 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. Our results are in line with the World Health Organization Writing Group (2006), who state, “Reports from the 1918 influenza pandemic indicate that social-distancing measures did not stop or appear to dramatically reduce transmission.”

Why did the lockdowns, which were initially projected by Imperial College London to save up 98 percent of lives from COVID, turn out to be so useless?

Write the researchers,

Mandates only regulate a fraction of our potential contagious contacts and can hardly regulate nor enforce handwashing, coughing etiquette, distancing in supermarkets, etc.



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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.

The governments that employed stringent lockdowns did not just shut down indoor social venues such as dining establishments; they also deemed “dangerous” such outdoor places as beaches, parks, and zoos, and introduced outdoor mask mandates or strict outdoor gathering restrictions, pushing people to meet at indoor places where COVID is more easily transmitted. “Indeed, we do find some evidence that limiting gatherings was counterproductive and increased COVID-19 mortality,” say the researchers.

At the same time, healthy people could find themselves locked down with their infected relatives, which increased their own chances of catching the virus and the chances of them developing a more severe case of COVID.

The conclusion of the study is unequivocal:

“What does the evidence tell us about the effects of lockdowns on mortality?” We provide a firm answer to this question: The evidence fails to confirm that lockdowns have a significant effect in reducing COVID-19 mortality. The effect is little to none.

To achieve that “little to none” result in saving lives, societies paid a hefty price:

Lockdowns during the initial phase of the COVID-19 pandemic have had devastating effects. They have contributed to reducing economic activity, raising unemployment, reducing schooling, causing political unrest, contributing to domestic violence, and undermining liberal democracy. These costs to society must be compared to the benefits of lockdowns, which our meta-analysis has shown are marginal at best. Such a standard benefit-cost calculation leads to a strong conclusion: lockdowns should be rejected out of hand as a pandemic policy instrument.

JHU’s study is only the latest that confirms what has been evident from the beginning of the heavy-handed government response to COVID-19: The lockdowns have done much more harm than good.

In October 2021, Simon Fraser University (Canada) economics professor Douglas Allen published a [meta-analysis study](#) reviewing more than 80 research papers on lockdowns across the world. Allen estimated that in Canada alone, lockdowns saved some 22,389 years’ worth of life, while causing almost 6.3 million years of lost life, making the measure’s net harm 281 times worse than its benefits. The study cited such contributing factors to lost years of life as canceled or delayed care for non-COVID medical issues, psychological harm of unemployment and social isolation, drug overdoses, and domestic violence.

“It is possible that lockdown will go down as one of the greatest peacetime policy failures in modern history,” Allen [concluded](#).

“We do not find significant benefits on case growth of more restrictive NPIs. Similar reductions in case growth may be achievable with less-restrictive interventions,” [wrote](#) Stanford University-affiliated researchers back in December 2020.



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They cautiously noted that while “the possibility of some benefits” does exist, “these benefits may not match the numerous harms of these aggressive measures.” Among the harmful effects of lockdowns cited were opioid-related overdoses, hunger, missed vaccinations, increase in non-COVID diseases, and an increase in mental disorders, domestic abuse, and suicides.

Back in October 2020, the nation’s “top infectious disease expert” and COVID guru Dr. Anthony Fauci and the National Institutes of Health Director Francis Collins [colluded](#) to conduct a “quick and devastating” take-down of the anti-lockdown [Great Barrington Declaration](#) (GBD). That declaration was signed by nearly 900,000 physicians from around the world. It warned against “the damaging physical and mental health impacts” of lockdowns and other forceful measures and called on decision-makers to work on achieving herd immunity through “focused protection” of the most vulnerable.

It turns out, Fauci was yet again wrong. While it seems improbable that he’d ever admit the fallacy of the approach that he so fiercely advocated, the study does teach us an important lesson: America must never again suppress an open scientific debate on public-health issues.





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