



The collateral damages of lockdown policies: A review of the “The Great Covid Panic” by Paul Frijters, Gigi Foster and Michael Baker

The Great Covid Panic, P. Frijters, G. Foster, M. Baker. Brownstone Institute, Austin, TX (2021). pp.: 396; Suggested Retail Price of Book: Approx. USD 20 (NZD 30), ISBN-10: 1630692778; ISBN-13: 978-1630692773

In March 2020, the WHO declared Covid-19, an acute respiratory disease caused by the coronavirus SARS-CoV-2, to be a pandemic. The primary non-pharmaceutical measure adopted by countries in response took the form of extreme social distancing or “lockdowns”. This widespread support for lockdowns was surprising since much of this went against detailed pandemic guidelines developed by countries or WHO advice prior to this. The consensus in the epidemiological community was that large scale lockdowns or quarantine were neither effective nor desirable in combating infectious diseases. Inglesby et al. (2006) write: “The interest in quarantine reflects the views and conditions prevalent more than 50 years ago, when much less was known about the epidemiology of infectious diseases and when there was far less international and domestic travel in a less densely populated world. It is difficult to identify circumstances in the past half-century when large-scale quarantine has been effectively used in the control of any disease. The negative consequences of large-scale quarantine are so extreme ... that this mitigation measure should be eliminated from serious consideration.”

The uniformity of responses across different countries was also striking. According to [Sebhatu, Wennberg, Arora-Jonsson and Lindberg \(2020\)](#), 4 out of 5 countries in the Organization for Economic Cooperation and Development (OECD) adopted very similar measures within a period of two weeks in March 2020. According to this group of researchers (pp. 20,201):

“Given the heterogeneity among these countries in terms of the preparedness of their health care systems, their population demography, and the degree to which the pandemic had taken hold in each country at this time, the homogeneity in timing of adoption is striking.”

Fairly early on in 2020 it became clear that the lockdowns had little impact on Covid-19 mortality. This was true if one compared across countries at a point in time ([Chaudhry, Dranitsaris, Mubashir, Bartoszko & Riazia, 2020](#)), across counties in the United States ([Gibson, 2020a](#)) and within the same country over a span of time ([Meunier, 2020](#)). It was also clear early on that the main drivers of Covid-19 mortality had more to do with human action as people voluntarily adopted precautions than lockdowns. ([Allen, 2021](#)). It was also clear relatively early and long before countries were imposing renewed lockdowns in the later part of 2020 or even into 2021, that the aggregate costs of lockdowns exceeded

any benefits by large magnitudes, something that led [Allen \(2021\)](#) to refer to lockdowns as a huge public policy failure. See [Allen \(2021\)](#), [Gibson \(2020b\)](#) [Heatley \(2020\)](#) and [Miles, Stedman and Heald \(2020\)](#) and other papers cited by [Allen \(2021\)](#).

Given all of this, the question is: why were policy makers so eager to impose lockdowns and why were ordinary members of the citizenry so willing to accept them? The answers to these questions will likely form the basis of much research output in the months and years to come. These answers will likely involve a variety of factors both at the microeconomic and macroeconomic level. [Chaudhuri \(2022\)](#), for instance, attempts an explanation based on individual behavior via an appeal to cognitive biases and heuristics, including a blind reliance on the availability heuristic, overweighting of small probabilities and loss aversion.

The authors of the “The Great Covid Panic” adopt a macro perspective that allows them to track the sequence of events via individual level anecdotes and policy adoption across the globe. Essentially, the authors set out to look at how the events played out globally and factors that contributed to the adoption of lockdowns. Among other things, we hear from a range of individuals around the globe to get a first-hand taste of what the experience was like for people all around the world.

But primarily the story is narrated through the perspective of three representative individuals: Jane, James and Jasmine.

Jane is every woman, ordinary members of the citizenry who are happy to follow instructions. They eschewed masks when masks were considered useless but wore them when they were prescribed. They followed the guidelines regarding testing and scanning and paid attention to all other such myriad, and often conflicting, instructions.

Jasmine is the supposed contrarian who is plagued by a sense of bewilderment at the unfolding events and how governments around the world including democratic ones went around implementing draconian measures many of which flouted long established civil rights and liberties.

James, the protagonist, is actually a composite of two different types of functionaries: the quintessentially independent expert and the public service professional with some medical training parlaying the proclamations of those experts to the public at large. At first glance this conflation may seem problematic since clearly there were bureaucrats and politicians who were in charge of making policy decisions. But the reason why this conflation makes sense is that often there was little distinction between the two, the public servants and the experts, since governments in the world’s advanced democracies invariably chose to listen to only a particular set of experts, who became indispensable as the pandemic unfolded; the ones that the politicians and the Janes of the world routinely deferred to in respectively placing and accepting yet more restrictions on the day to day lives of ordinary citizens. In many

cases, these experts were also strong supporters of the ruling regime. In the UK, for instance, the line separating Chris Whitty, the Chief Medical Officer and SAGE (Scientific Advisory Group for Emergencies) or even Independent SAGE was often unclear.¹

The authors start out by providing a brief discussion of the infection transmission process of SARS-CoV-2 and how events unfolded following the declaration of a pandemic by the WHO. In these early chapters we get a look at the thinking of the Janes, Jasmynes and Jameses; their thought processes at what was happening and what the appropriate response was.

In Chapter 3, the authors provide a sweeping overview of the policies adopted by countries around the world which, according to the authors can be classified into three broad groups: the minimalists, the pragmatists and the Covid cultists. The first includes countries like Japan, Tajikistan, Taiwan, Belarus and Senegal which imposed minimal restrictions. The second contains countries like South Korea, Sweden, Ghana, Uruguay and Switzerland that imposed some restrictions but not the sweeping curbs adopted by the Covid cultists such as mandating long and sweeping lockdowns. The third group of cultists included countries like Canada, Argentina, Philippines, Australia, UK and USA.

The authors point out that the differences between these groups is virtually indistinguishable. In Table 1 below, I reproduce some of the numbers from Table 3 (p. 91) to illustrate this. Stringency of social distancing is measured by Oxford University Blavatnik School of Government's Stringency Index.

Supporters of lockdowns typically argue that lockdowns saved lives and in the absence of the same there would be more lives lost. Unfortunately, this argument fails to hold water Bjørnskov (2021). has shown this to be incorrect for 24 European countries during the first half of 2020. There is controversy regarding true Covid death counts since in many cases deaths were counted as Covid deaths even if Covid was not the primary cause of death. (Boyle, 2021) To avoid this, Bjørnskov (2021) looks at all-cause mortality since if lockdowns indeed resulted in lives being saved then countries with more stringent lockdowns should report fewer total deaths than those with weaker or no lockdowns. In Fig. 1, I reproduce the results from this study. It is clear that countries with more stringent lockdowns reported more total deaths.

And no, countries that implemented early lockdowns did not fare any better. It did not help them avoid further and stringent lockdowns down the road. Can reverse causality be an issue? Could it be the case that countries that experienced more cases and deaths ended up with more stringent lockdowns rather than lockdowns causing more deaths? One way to address this question is to exploit the Sebhatu et al. (2020) finding regarding the large amount of mimicry among countries in implementing lockdowns. This allows Bjørnskov (2021) to use the stringency index of other countries as an instrument. It turns out that mortality in these countries is strongly correlated with the stringency index of its neighbors implying that reverse causality is not a factor.

A key chapter in the book is Chapter 5: The Tragedy where the authors provide an accounting of the collateral damages caused by lockdowns ranging from the economic fall-out to the social and ethical consequences. This chapter should make most readers both sad and angry.

¹ In my home country of New Zealand, for instance, the closeness of the independent experts and the medical professionals in charge of making sense of expert advice was striking. This included the exchange of frequent text messages between the Director General of Health and one particular government appointed expert discussing the possibility of getting vaccinated together on top of Auckland's Sky Tower as a publicity stunt (Coughlan, 2021) and the supposedly apolitical Director General making fun of a journalist who dared to question the official narrative. (Satherley, 2021). Like many other countries, New Zealand also preferred to get its expert advice from a specific set of experts who were showered with non-contested government largesse in order to generate figures and statistics that conformed to the government's preferred narrative. (McNamara, 2021)

Table 1
Lockdown stringency and Covid deaths per million across countries.

Selected countries	Covid deaths/ million In 2020	Percent Covid deaths since beginning of first lockdown	Maximum Stringency Index Jan 2020 – July 2021
<i>Minimalists:</i>			
Japan	26.07	—	50.93
Tajikistan	12.44	—	69.44
Taiwan	0.30	98.22	74.07
Belarus	151.2	—	42.59
Senegal	25.16	100.00	77.78
<i>Pragmatists:</i>			
South Korea	17.73	96.65	82.41
Sweden	849.02	—	69.44
Ghana	11.01	99.39	86.11
Uruguay	52.29	99.93	87.04
Switzerland	891.52	99.75	73.15
<i>Cultists:</i>			
Canada	418.28	99.94	75.46
Argentina	962.31	99.99	100.00
Philippines	85.50	99.96	100.00
Australia	35.84	99.13	78.24
UK	1099.88	99.72	87.96
USA	1072.89	99.92	75.46

Having documented the massive collateral damage inflicted by the lockdowns, in Chapter 7 and 8, the authors present two arguments seeking to explain what happened. The first explanation refers to the role of crowds. But their "crowd" argument goes far beyond mere group conformity or herd mentality. The Covid-19 crowds were different from prior ones supporting goals such as nationalism, puritanism or communism. They were not made up of people physically close together but connected only via the internet; people acting together in their minds against a common threat that was perceived to threaten each of them as individuals. The emotional interconnectedness of the world resulted in rapid and ubiquitous contagion of fearful sentiments through social and popular media. Populations became overwhelmingly supportive of totalitarian responses to the threat of the virus and strongly resented groups or countries that tried visibly different policies. Dissenting voices everywhere were censored. From a public health crisis, the virus quickly became anthropomorphized; more akin to a terrorist than a pathogen. Such a goal-transformation is also a typical attribute of crowds; crowds like being a crowd with the goal that unites them often being somewhat irrelevant; as long as the crowd does not end.

The second argument suggests that the internal politics in many countries, including those in the West, has become monocultural. A political class has arisen consisting of similar people with similar views of the world who are no longer radically different from one another.

The authors write (pp. 225):

This "monoculture" extended even beyond national borders, helping to create a somewhat unified international Western political class. The spread was assisted by national politicians appointing people to international organizations like the UN or WHO, suggesting people for opportunities like the European Parliament, and appointing foreign ambassadors. ... This monoculture ... limits misunderstandings, as people who speak the same language do not go to war by mistake.... Yet the monoculture lacks the collective intelligence of a group that contains true diversity. The collective intelligence of the West's political system has eroded not because today's politicians are individually stupid but because they all have the same sort of intelligence. This turned out to matter when Covid arrived on the scene. Covid exposed the inability of the political class to understand a complex phenomenon and to absorb new information. They were sitting ducks for any wrong-headed notions proclaimed by supposed 'experts'."

The grip of this monoculture was aided and abetted by Big Tech who were more than happy to censor critical voices and support extensions of lockdowns. There is obviously an equally compelling story here about

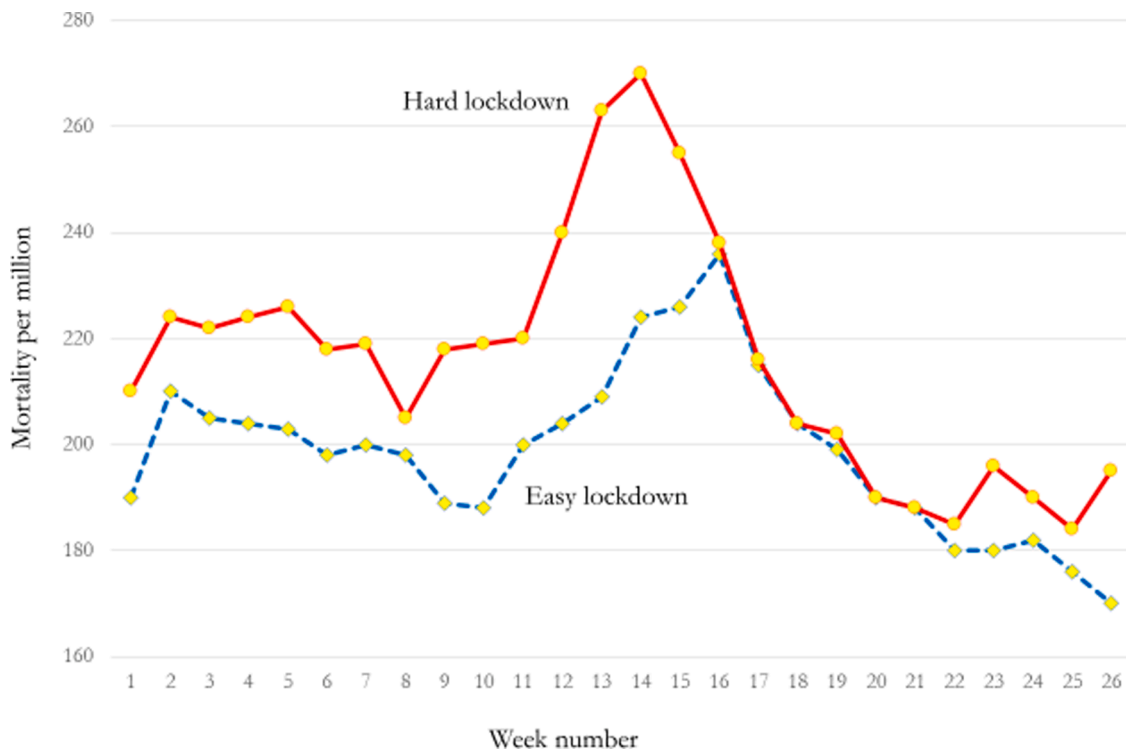


Fig. 1. Severity of lockdowns and mortality rates for 24 European countries (Figure re-created by author on the basis of data provided by Bjørnskov, 2021).

the role of Big Tech and the impact of vested business interests in driving policy around lockdowns but that requires an entirely new book, though the authors do provide some evidence of how public policy was often driven by pecuniary interests.²

In the last section of the book the authors turn to how to recover from this and to ensure that this mass hysteria is not repeated. This part is speculative. It offers some hope by suggesting that the restrictions on normal activity will wither away over time as people grow weary and start voting with their feet by moving from locations with greater restrictions to those with fewer ones. But the more compelling argument in this segment is around what it will take to disrupt the monoculture that has established a strangle-hold on independent thought. The more provocative suggestion offered by the authors and one that harks back to the days of Athenian democracy is the use of citizen-juries on a range of activities from deciding research grants to senior official appointments such as heads of large government bureaucracies. In justifying this suggestions, the authors point out (pp 312):

“The provocative takeaway is that the intelligence of the whole country is enhanced when it contains communities adhering to truths completely opposed to those of the intellectual elites. ...It has been remarked upon before by historians that competition between radically different systems leads Western countries to learn faster than more centralized places like China.”

This is clearly a radical solution that is unlikely to pass but in the aftermath of the massive collateral damage inflicted on the world's citizens by extensive lockdowns it is important to reach for radical solutions in order to make sure that a diversity of views are taken into consideration for the next public health or other calamity.

² Myers (2020), for instance, highlights how and why an order of US \$1 billion of personal protective equipment placed by California's governor Gavin Newsom to the Chinese firm BYD caused controversy. BYD builds electric vehicles and did not have any track-record or obvious expertise in making such equipment.

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