

# *Covid Heterodoxy in Three Layers*

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This is a first and incomplete version of an essay that will be updated over the next few weeks or so (v.1). Comments are welcome. Feel free to email me at [p.godfreysmith@gmail.com](mailto:p.godfreysmith@gmail.com). December 2020/January 2021.

## **Introduction**

Since the start of the Covid-19 pandemic in the early part of 2020, I have often not supported, and have sometimes been startled by, the measures taken in response. That remains the case now. Many developed countries have opted to impose severe restrictions on behavior and economic activity for significant periods of time. I oppose much of this; the lockdowns are too destructive, the impositions on basic liberties too extreme.

The situation is continually changing, with infection rates rising and falling in different localities. At the time of writing this section, in the last days of 2020, several vaccines are showing much promise and are in early stages of distribution and use. A new strain of SARS-CoV-2 is causing alarm especially in the UK, leading to a tightening of restrictions. Many localities returned to quite stringent lockdowns, with forced business closures, after a rise in cases at the start of the northern winter. Things will change further, and by the time you read this, all sorts of other factors might be in place. The situation might be better, might be worse, but at this stage I want to set out the reasons for my dissent from the general approach taken to the pandemic in western democracies.

My reasons for dissent form a series of "layers," in a sense, where what distinguishes them is how unorthodox – how far from what seems mainstream – the assumptions or premises used in the arguments are. Some of my reasoning I see as not especially controversial in principle, and hope that others might get on board fairly readily, while other arguments make use of more contentious ideas. Hence the three layers. The ordering is not essential; you might accept some of the "more" controversial ideas while rejecting some of the "less." But I will cover them in an order from what seems presently least contentious, in the assumptions used, to most contentious.

All three arguments give us reason to change course, or alter the balance in policy. The first argument looks at the cost and benefits of lockdowns in a framing where our aim is simply to do the most good with the least harm. Especially when we consider all ages, look at effects on inequality, and factor in the long term, there is a very good chance that lockdowns will do more harm than good. It is hard to be sure – part of my focus will be the role of uncertainty itself, and how to think about worst-case scenarios of various kinds. But there are reasons to doubt that large-scale and extended lockdowns are beneficial overall. At the very least, I want to give reasons for stepping back and rethinking the policy, given its total network of downstream effects.

The second "layer" looks at how the restrictions now commonplace in Western societies relate to basic liberties, and the roles of policing and coercion. Even if the lockdowns were likely to do more good than harm by the criteria discussed in layer 1, the lockdowns in many cases involve forms of suppression of liberty and autonomy that have their own importance, and are a basis for criticism and reconsideration.

The third layer of dissent concerns what sort of overall shape we might look for in our lives – the roles of aspiration and fear, the nature of valuable and meaningful experiences, and how the situations of younger and older people should be related in policy decisions. I see these factors not so much as providing their own independent argument against lockdowns – as those in the second layer could, in principle, do – but as affecting the others. They can be seen as an argument for a re-weighting of factors in decisions discussed at earlier stages. In the situation of the Covid pandemic, some health risks might be reduced by shrinking the longer-term opportunities that younger people have, and also by reducing human contact, including contact with others when near the end of life. If you think that some activities have a special role in making life worth living, risk reduction in itself is not always something to promote when it severely suppresses these activities. In particular, we have a responsibility not to narrow and degrade the life paths open to the young.

What do I think we should do in response to Covid?<sup>1</sup> I'll offer thoughts at various stages, but in sum I think we should be looking to slow the spread of the virus, especially to protect healthcare systems, through a range of measures that are not too destructive in other ways – not destructive of livelihoods, education, basic liberties, and essential forms of human contact. The best measures will no doubt vary from place to place, and my arguments and recommendations are directly mainly at developed-world democracies

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<sup>1</sup> From here I will abbreviate – "Covid," not "Covid-19." The footnotes here are formatted in a non-scholarly way, giving just URLs and sometimes a bit more information.

(though I'll look sometimes at a broader international context). But in general, I think that lockdowns have become a trap. They will become a worse trap if the policy becomes to favor hard lockdowns until the vaccine distribution program is complete, as that process is not moving as quickly as many hoped (though the creation of vaccines occurred with remarkable speed). The "lockdown" category is loose, and restrictions vary in stringency and duration – in some circumstances, brief resets might do some good. But in general and especially from here on, I support no closed schools and rather little restriction on economic activity and normal life. Young people are being made to pay too high a price. That has been true through much of the year, but it is clearer now. I support roughly what is called "focused protection," in the sense of the Great Barrington Declaration, the most organized movement opposed to lockdowns, though I don't agree with all the details in their documents.<sup>2</sup> This would involve using a lot of resources to enable older people and those with health problems to be kept safe during outbreaks (for example, paying the salaries of older and more infirm workers who cannot work from home), while younger people lived more normally. There should be very little restriction on basic liberties in relation to association, protest, and so on. (Mask mandates, in contrast, are not a big deal.) Within this picture, the best or better policies will vary, again, according to circumstances, and different policies might also be preferred according to how one weights the importance of the factors discussed (more to liberties, for example, or more to the cost-benefit side). Details can differ, but the general path I advocate is a considerable freeing up. I don't suggest that if we did this, everything would be fine and no one would be worse off, but it would be better on balance.

## **First Layer: The Balance of Harms**

I accept that the Covid pandemic is a serious health problem. There's no "Covid is a hoax" thinking in my arguments, and no attempt to downplay the difficulty of the situation. In this section I assume we have the goal of minimizing harm during and after the pandemic, working within fairly standard ideas about what harm is.

So far, over 1.8 million deaths have been attributed to Covid worldwide, including over 350,000 in the US.<sup>3</sup> The majority of those who died have been older people, many with other health problems. As this guarded language illustrates, my aim is to use numbers in a way that avoids controversy as far as possible; I don't want numerical details to get in

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<sup>2</sup> <https://gbdeclaration.org>

<sup>3</sup> <https://coronavirus.jhu.edu/map.html>

the way of the main ideas, but some numbers are inevitable.<sup>4</sup> In the US, the reported median age of death from Covid so far has been 78 years. It has been 83 in England and Wales, also 83 in Australia.<sup>5</sup> In those countries and others (not all), the median age of death from Covid has been similar to the overall life expectancy in that country.<sup>6</sup>

The details of what is happening are hard to work out in the blizzard of information and disinformation, with cherry-picking of numbers by those seeking to minimize or maximize the threat. The role of other ailments in many Covid deaths also makes attributions of causation controversial. Here is an example of the difficulties. In England, a hard-hit country, the number who have "died in hospitals in England and tested positive for Covid-19" by December 16 was published by the NHS as 45,466.<sup>7</sup> The number of those who were under 60 years old and had no pre-existing conditions was listed as 377. That seems a very small number! It was immediately picked up by anti-lockdown social media accounts and the press for that reason – it seemed to show there has been exaggeration of the threat to young people. The number and its interpretation were then questioned.<sup>8</sup> Looking closely, the "pre-existing condition" category is very broad; it includes autism and learning disabilities, as well as diabetes and asthma. A lot of pre-existing conditions are also listed simply as "Other." Let's then set pre-existing conditions aside completely. How

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<sup>4</sup> My numbers will also be slanted towards the US, UK, and other English speaking countries.

<sup>5</sup> USA CDC, From July. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e1.htm>

In the US, there is a troubling tendency for Hispanic and African-American deaths to be younger: "71 years... among Hispanic decedents, 72 years... among all nonwhite, non-Hispanic decedents, and 81 years... among white decedents."

England and Wales, for both 'with' and 'involving' Covid, October:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/12376averageageofdeathmedianandmeanofpersonsw hose death was due to covid19 or involved covid19 by sex deaths registered upto week ending 2 october 2020 england and wales>

Australia, August: <https://www.health.gov.au/resources/publications/coronavirus-covid-19-at-a-glance-10-august-2020>

Once you get to (say) 85, which is more than the life expectancy almost anywhere, you still have a very good chance of making it to 86, and a good chance of making it to 87, and so on. To say that Covid deaths often occur around the life expectancy in a particular country is not to say that those people only had a very short time to live.

<sup>6</sup> The median age for Covid-associated death in Mexico has been reported as 55.

<https://apnews.com/article/health-europe-coronavirus-pandemic-mexico-fcb5db0707f923f81c1339465ac58e76>

<sup>7</sup> <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/> "This file contains information on the deaths of patients who have died in hospitals in England and have tested positive for Covid-19." This is for England, not the UK, and not all deaths occurred in NHS hospitals.

<sup>8</sup> <https://metro.co.uk/2020/12/28/388-brits-under-60-with-no-underlying-conditions-died-of-covid-in-hospitals-13815524/?ito=cbshare>. See also <https://twitter.com/PaulEmbery/status/1342780150358962176>; <https://twitter.com/DrDomPimenta/status/1342960187863425024>

many under 60 died in English hospitals with Covid, regardless of their general health? 3400. That number is not small, though well under 10% of the total. People will probably differ in how they see it. Then: the number who died under 40, with or without pre-existing conditions, was 324. That really is a small number.

One solution to reporting difficulties is to look at *excess deaths* from all causes – the total number of deaths during some period (a week, a year), compared to some average or baseline applicable to that period (e.g., the average for a particular week over the last 5 years, or the average per year across 5 years). If you think that lockdowns themselves are causing significant death, this is not entirely reliable, but it is firmer than most other accounting.<sup>9</sup> On current reporting, the US had over 370,000 excess deaths in 2020, where that might be around 12% of total mortality for the year.<sup>10</sup>

The "infection fatality rate" (chance of death, if you are infected) is also a contested number. It depends greatly on age, and young people are at very low risk. Drawing on a *Nature* paper from November that compares many countries, the first age group for which the chance of death, if infected, is more than one in a thousand is around age 40-44. The first age group for which the chance is one in a hundred is 65-69. For school and college age people, the infection fatality rate is less than one in ten thousand. Once a person gets into their 80s, the rate is much higher, up around one in ten.<sup>11</sup> So the IFR for a country depends on its distribution of ages. Accepted figures range from around 0.25% to 1%.<sup>12</sup>

What about long-term effects ("long Covid") and other harms? They are certainly relevant in principle. Many other viral diseases have this side, including flu, which can lead to chronic fatigue, heart problems, and other ailments. It is not yet known whether Covid is significantly worse on this score. It may be, and I'll say more about it near the end of this section.

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<sup>9</sup> For example, a study of heart attacks in 2020 in the Denver area found a large number of heart attack deaths at home – "while overall calls for service went down during the stay-at-home period, the number of people dying from cardiac arrests at home shot up.... [H]e said it's more likely that people who were having heart attacks tried to brush them off to avoid going to the hospital."  
<https://coloradosun.com/2020/08/17/denver-coronavirus-deaths-heart-attack/>

<sup>10</sup> <https://www.economist.com/graphic-detail/2020/07/15/tracking-covid-19-excess-deaths-across-countries>

<sup>11</sup> <https://www.nature.com/articles/s41586-020-2918-0>. Compare also *European Journal of Epidemiology* (2020) <https://doi.org/10.1007/s10654-020-00698-1> The risk by graph is similar to the *Nature* one.

<sup>12</sup> <https://theconversation.com/now-everyones-a-statistician-heres-what-armchair-covid-experts-are-getting-wrong-144494>. <https://www.imperial.ac.uk/news/207273/covid-19-deaths-infection-fatality-ratio-about/>

The view I will defend is that although Covid is a serious problem, too much harm is probably being done by the lockdowns, especially as they continue into months and are repeated whenever infections increase. With all attention focused on reducing Covid cases, in a situation where young people are not at great risk, other sources of harm are being neglected – unemployment, bankruptcy, the disruption of education, and the effects of raising children in an atmosphere of isolation and fear. Economic and other inequalities magnify these harms. The decisions in developed democracies that are my focus also have effects on the developing world, where a health catastrophe not from Covid but from stalled health programs and hunger is growing. In some ways the international problem dwarfs the local ones within developed countries, but I will mostly discuss "local" effects of lockdowns, accepting for the purposes of discussion that governments have a special responsibility to their own populations. The case is strengthened if the international side is included.<sup>13</sup>

There is a problem in principle with the kind of argument I am trying to make. My claim is that the intense focus on immediate and easily measured medical harms is sidelining consideration of more scattered, diverse, and longer-term harms arising from shuttered businesses, disrupted educations, and the like. But those harms will be harder to track and quantify, and often more inherently unpredictable as they involve long causal paths that wind through networks affected by other factors. How can one argue that we are doing more harm than good through lockdowns if the harms I am emphasizing are so sensitive to other actions, and hard to predict and quantify? Should we concentrate on the shorter-term harms that we can have more control over?

I'll spend some time on this, as it probably affects a lot of thinking on the other side. First, "longer-term" in many cases is not much longer term. Small businesses are closing rapidly now, and though income support for those unable to work has been fairly well handled in some countries (not the US), it is in many cases coming to an end fairly soon because of the sheer expense. Eviction bans for non-payment of rent are also coming to a close.<sup>14</sup>

Second, uncertainty about longer term harms does not make them smaller or less important. They might be manageable or might be huge – they are uncertain. We grapple with the threat of longer-term harms all the time in other areas. Environmental policy is an example, and while we have often not done especially well in that case, the comparison

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<sup>13</sup> <https://www.nytimes.com/2021/01/02/opinion/sunday/2020-worst-year-famine.html>  
Also re politics - <https://www.bbc.com/news/world-asia-55362461>

<sup>14</sup> <https://www.nytimes.com/2021/01/01/nyregion/nyc-eviction-moratorium-shelters.html?action=click&module=Top%20Stories&pgtype=Homepage>

should resonate with people in the mainstream center-left, who tend to support lockdowns and are much of my target audience. In the case of Covid as with the environment, the difficulty of considering the medium and long term is no reason to base policy only on the short term.

Policy at the moment is guided by epidemiologists and health officers – people with a professional focus on one kind of harm. They are concerned with mortality and illness, and it makes sense for them to be; that is their job. They also evidently pay particular attention to pessimistic and worst-case scenarios ("reasonable worst case scenarios" had an important role in UK policy earlier in the year).<sup>15</sup> They do not want to underestimate or under-predict harms of the particular kind they are concerned with.

In recent decades, with MERS and SARS-Cov-1, the 2009 H1N1 flu, mad cow disease, and other cases, these authorities have often pushed to the forefront rather pessimistic scenarios and projections. It's always hard to tell which ones were inaccurate, as the projections were generally intended to guide policy, and it's hard to know what would have happened if we had behaved differently. In some settings, a tendency to focus on particularly bad possible outcomes, even when they might be unlikely, is OK, or at least not a big problem. It is often prudent to guard against disastrous possibilities that might have low probability, and the economy can absorb some amount of over-preparation and over-caution. A background picture operates in which overdoing a response might be unfortunate, but not doing enough might be catastrophic.

In the circumstances we are in now, though, these habits of assessment become a problem. This is because of the sheer size of the costs on the other side – the cost of lockdowns. While pessimistic scenarios on the health side are made very salient, pessimistic scenarios on the other side are rarely seen on the table. Those are, again, the effects of economic dislocation, of unemployment and recession, and of disrupted education, especially as it relates to inequality. Here, as with Covid itself, there are pessimistic as well as optimistic pictures of what may happen. I am not suggesting that lockdowns on the scale of a few weeks have significant worst case scenarios, and that is where lockdowns tended to start. But once they are imposed on a scale of months, leading to bankruptcies and large-scale educational losses, the situation is entirely different. The consequences of an economic depression, coupled with a huge increase in inequality and sheer alienation, could include a wholesale breakdown of social order. The consequences of suddenly expanding the educational gap between wealthy and poor children, owing to

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<sup>15</sup> For the role of the concept of a "reasonable worst case scenario" and its role in 2020 UK Covid policy, see Birch, "Science and policy in extremis: the UK's initial response to COVID-19," <https://philpapers.org/archive/BIRSAP-4.pdf>.

the greater ability of rich families to keep their kids' education going through public school closures, will surely be bad, and might – again on a pessimistic scenario – be catastrophic. Long-term economic deprivation is deadly, and education has great effects on long-term economic prospects. But all through 2020, pessimistic concern about Covid and its health effects was continually made salient while comparably pessimistic concern about the effects of lockdowns was sidelined. Policy was justified through worst-case scenarios about the virus itself, and rather rosy ones on the other side: "people will adjust, and we will build back better."

It is simply an error to consider worst-case scenarios on one side and not the other. An uncharitable interpretation of the situation is that the scenarios that drove policy have been not worst-case scenarios overall, but worst-case scenarios that the people making decisions today might be blamed for. High death rates in 2021 are in that category. Bad outcomes years in the future, filtered through other causes, are not. Unlike some lockdown critics, I think most of the people making the decisions I disagree with are genuinely and with great effort trying to do good. But some of the local incentives that operate in situations like this do have the capacity to cause problems.<sup>16</sup> Some of this error might also be explained by that tendency to start, in early 2020, with lockdown plans that apply over a few weeks, and not rethinking once the scale becomes different.

Perhaps as I am someone whose life was so much built out of good educational opportunities, and still work in this area, this facet of the problem seems especially pressing to me. Data is now flooding in about the differential effects of Covid-related school closures on rich and poor children, and also on children from different racial backgrounds.<sup>17</sup> The US is the acute case here, where a great many urban public schools are currently providing only online learning. Private schools are in most cases open, and even when wealthier kids are not in classrooms, their living circumstances are much more conducive to getting some benefit from online classes. Schools are reporting dropping test scores and widening gaps between racial groups. Some children seem to be literally going

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<sup>16</sup> It's also possible to become concerned by the fact that the people making policy are on the "easy" side of a divide between those whose salaries are, and those whose salaries are not, affected by lockdowns themselves. (I am also on the "easy" side.). A rather triumphalist piece by the Australian journalist Peter Hartcher, in December, may show the effects of this matter of location: "The pandemic was a severe test of leadership, and of nation-state capability, but also of social cohesion and public culture. The whole of the people had to accept some personal inconvenience for the common good. In successful countries they did; in failed ones they did not." Personal inconvenience....?

<https://www.smh.com.au/national/pandemic-exposes-global-fault-lines-and-how-australia-rose-above-them-20201211-p56mn4.html>

<sup>17</sup> <https://www.nytimes.com/2020/12/24/us/remote-learning-student-income.html>



backwards in skills and knowledge, and the degree of alienation with the process of education itself is also alarming. What will the effects of this be 10 years on? The US, in particular, is permanently in a state of some tension because of the way inequality tracks racial lines. Education is probably the main, though imperfect, way to ease such inequalities; in a meritocratic society with a market economy, education is *the* road up. School closures on a scale of weeks can have surprisingly bad effects on a child's progress, though in that case one can certainly imagine a catch-up. But when a child of 13 from a disadvantaged background loses nearly an entire year of in-person schooling, and when, as it now appears for the urban US, closures threaten to extend well into 2021.... If "reasonable worst case scenarios" on this side were given real weight, we would never close public schools for Covid.

What applies to education also applies to the socialization of young people in the years before school, unemployment and small business failure, mental health, and more.<sup>18</sup>

So we can see a structural problem in much discussion around lockdown policies: we should not accommodate pessimistic options on one side and not others. The harmlessness of over-reaction in some health policy contexts does not apply when all of normal life is being brought to a halt and the lives of already disadvantaged people are turned upside-down. To say these things is, again, not to say that the pessimistic projections in this area are accurate. My claim is that we should not base action on worst-case thinking on one side of the scale and not the other.

Moving on from this point, I suggested, more positively, that lockdowns may well do more harm than good, at least in many cases. How might this claim be assessed?

We have some information now, much more than early in 2020, about how effective lockdowns are. In many settings they seem not very effective – the pandemic continues. In some special situations, with low levels of infection at the time the decisions are made and the possibility of tight control of borders, they might achieve their intended goal at least for a while. This is what we seem to have seen in New Zealand.<sup>19</sup> But in other settings – Argentina, France, California, the UK - they have not worked well. The most

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<sup>18</sup> On the development and socialization of children, see - <https://www.nytimes.com/2020/12/09/health/Covid-toddlers-playdates.html>. A comment on that one by Alec MacGillis: "This isn't going to end well, folks." Exactly, and how badly might it end? <https://twitter.com/AlecMacGillis/status/1337113130338488326>

<sup>19</sup> Some anti-lockdowners claim that there is no reason to believe the NZ lockdowns made a difference, because "Oceania" has had a different experience with Covid across the board. See the twitter thread here: <https://twitter.com/FatEmperor/status/1345164350114430980>. I don't think this seems at all likely (Japan and NZ are different in a host of apparently relevant ways), but it's true that claims about NZ success do rely on a counterfactual.

detailed survey I know looked at 160 countries and how a wide range of factors (geographic, economic, policy...) correlated with their death rates. "Stringency of the measures settled to fight pandemic, including lockdown, did not appear to be linked with death rate."<sup>20</sup>

Within the US, 2020 saw a "kaleidoscope" of different approaches (I borrow the term from an exasperated representative of the restaurant industry).<sup>21</sup> A comparison often currently made is between Florida (with very few restrictions since September) and California (with most of the population presently under strict restrictions by US standards).<sup>22</sup> Anti-lockdowners have a tendency to say that Florida is doing better than California despite its freedoms. A look at longer-term and per capita (population adjusted) measures shows that Florida has probably been doing worse (in a situation changing week to week). But compared to all US states, Florida currently ranks 20th in per capita Covid death rate. (California ranks 40th.) A near-absence of restrictions has put Florida "in the middle of the pack," as a local newspaper looking at several measures puts it.

Sweden is an important case. Through 2020 it was the constant focus of competing narratives and skewed reporting of many kinds. Sweden applied a fairly "light touch" to Covid – voluntary distancing, schools kept open for most ages. Businesses were free to operate with some restrictions on numbers. An early hope of anti-lockdowners was that

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<sup>20</sup> "Higher Covid death rates are observed in the [25/65°] latitude and in the [-35/-125°] longitude ranges. The national criteria most associated with death rate are life expectancy and its slowdown, public health context (metabolic and non-communicable diseases (NCD) burden vs. infectious diseases prevalence), economy (growth national product, financial support), and environment (temperature, ultra-violet index). Stringency of the measures settled to fight pandemic, including lockdown, did not appear to be linked with death rate." - Covid-19 Mortality: A Matter of Vulnerability Among Nations Facing Limited Margins of Adaptation. [www.frontiersin.org/article/10.3389/fpubh.2020.604339](http://www.frontiersin.org/article/10.3389/fpubh.2020.604339)

See also this article: "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes" <https://www.thelancet.com/action/showPdf?pii=S2589-5370%2820%2930208-X> - "government actions such as border closures, full lock-downs, and a high rate of COVID-19 testing were not associated with statistically significant reductions in the number of critical cases or overall mortality."

<sup>21</sup> "Nationally, there has been a kaleidoscopic application of every imaginable type of lockdown order with California being the most restrictive and inflicting the most devastation on small businesses and the most economically vulnerable service workers. And still, we are none the better as far as COVID is concerned," California Restaurant Association President and CEO Jot Condie said in a statement. <https://www.politico.com/news/2020/12/23/california-covid-surge-450315>

<sup>22</sup> As of January 1, 2021, the Florida Department of Health has reported 1,300,528 individual cases, 62,868 hospitalizations, and 21,673 deaths among residents of the state. ... Per capita, it has the 28th highest number of confirmed cases and the twentieth-highest number of deaths.

<https://www.tampabay.com/opinion/2020/12/12/is-florida-better-than-california-at-containing-the-coronavirus-analysis/>

<https://www.statista.com/statistics/1109011/coronavirus-covid19-death-rates-us-by-state/>

Sweden would cruise through the one and only Covid "wave" with slightly elevated deaths rates in the short term, but much better set up for the longer term. An increased infection rate in the winter showed that this hope was excessive. It then appeared to many people that Sweden had done a good deal worse than its neighbors in deaths, without much gain. That led to a sometimes unsavory, almost gleeful, counter-narrative about Swedish failure – Swedenfreude, as it might be called.<sup>23</sup> Through all this, it was unclear whether Sweden would finish the year with overall death rates that were elevated at all compared to other years, and it was clear that Sweden was doing fairly well when compared to European countries in general – better than France, Belgium, Spain, Italy, and the UK, worse than Germany and worse than other Nordics. Who should Sweden be compared to? Those who say Sweden should be compared to its Nordic neighbors set aside the fact that Sweden has a higher proportion of immigrants than those neighbors; nonwestern immigrants have had a difficult time with Covid in many western countries, including Sweden.<sup>24</sup> In some ways Sweden is similar to its geographic neighbors and in other ways similar to other European countries.

At the time of writing, the final number is not known, but there seems to be an expectation of something like 4000 excess deaths for 2020, where this might be around 4% of the total for the year (I will update this as soon as there is a number).<sup>25</sup> That would not be just a normal year, as admirers of the Swedish approach hoped, but Sweden has apparently done fairly well by European standards.

If lockdowns do no good, we don't need to consider the other side. But let's suppose they do some good, and look at their costs.

In order to move beyond an informal picture of good and bad futures considered as wholes, we need some sort of currency. One approach is to use lost years of life as a common measure, translating economic and educational disruption into that currency. Another is to put a monetary value of a lost year of life, converting deaths to money. Both can seem crude, and the second positively odious. But doing something like the second is necessary for a government to have a health policy at all – to work out which treatments to

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<sup>23</sup> A particularly bad article of this kind appeared in the Australian public national broadcasting service – <https://www.abc.net.au/news/2020-11-28/sweden-paid-too-high-a-price-with-its-rogue-coronavirus-policy/12922932>

<sup>24</sup> <https://spectrum.ieee.org/biomedical/ethics/dont-be-too-quick-to-judge-swedens-covid19-policy>  
<https://emanuelkarlsten.se/number-of-deaths-in-sweden-during-the-pandemic-compared-to-previous-years-mortality/> - "Finally, one aspect is clear in the statistics: foreign born citizens have been much more affected relative to native Swedes – and still are."

<sup>25</sup> At <https://www.statista.com/statistics/525353/sweden-number-of-deaths/> the numbers through December 18 are not elevated over other recent years, but these numbers are not final even for the period they cover, as well as not covering all of December.

fund, and so on. The aim is not to put a literal value on life itself, but to work out what a society can afford to consistently spend in an attempt to give someone another year of life. Money and life years can both be used as imperfect (see layer 3) currencies.

I put a lot of emphasis on education. One study so far (that I can find) has tried to assess the effects of Covid school closures on mortality itself – on how long children can be expected to live, given disrupted schooling.<sup>26</sup> The relation between education and longevity is controversial from a causal point of view, though an association between them is accepted. The paper argued that closing US primary schools for a few months in the first part of 2020 will probably cost, eventually, more years of life than were saved to Covid; each child loses just a little, on average, but the number of children involved is huge. I don't suggest the particular figures they used are entirely reliable, but it is a relationship that deserves a closer look.

It's more common to model lockdown benefits using money as the currency. (I will put some material about these models in an Appendix, and this part of the document will be updated as information comes in.) A detailed study was done for the UK case by Miles, Stedman, and Heald (2020) in the middle of the year – before the Covid "second wave" (northern winter season).<sup>27</sup> Their method was to use a wide range of different values for key numbers, and work out whether UK lockdowns had been cost-effective, where this is measured, again, not by asking whether "money is more important than people," but by assessing whether the costs of lockdowns made sense given how much the UK government usually spends to preserve a human life for a year. Miles and his coauthors were willing to assume that a typical Covid death reduced a life by either 5 or 10 years on average, and considered figures for the lives saved by the first UK lockdown that ranged from 440,000 – via the controversial Imperial College model that changed UK policy by forecasting 500,000 deaths – to 20,000.<sup>28</sup> They used £30,000 as a standard pre-Covid UK measure of the value of a year of life lost, and also considered a doubling of that number.<sup>29</sup> They

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<sup>26</sup> <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2772834>

The article was vigorously criticized here: <https://osf.io/9yqxw>

<sup>27</sup> Miles, D., Stedman, M., & Heald, A. (2020). "Living with COVID-19: balancing costs against benefits in the face of the virus." <https://www.cambridge.org/core/journals/national-institute-economic-review/article/abs/living-with-covid19-balancing-costs-against-benefits-in-the-face-of-the-virus/C1D46F6A3118D0360CDAB7A08E94ED22>

<sup>28</sup> As they say, that 500k mortality number assumed no behavioral changes at all in response to Covid, and was hence unrealistic, but it supplied a natural top of the range number.

<sup>29</sup> "Goldstein and Lee (2020) note that US health economists use values of around \$125,000 per year of life. That is a bit over three times the NICE figure. However, the £30,000 figure per QALY [quality adjusted life year] is the figure used in resource decisions within the UK health system. It is not an arbitrary number. It is not based on likely future earnings lost or the value of future consumption –

assumed that 2/3 of the Bank of England's figure for lost GDP in 2020 would be due to the lockdown rather than the pandemic itself, and looked both at cases where the economy bounces back immediately and cases where it does not. They made no allowance for long-term costs such as "disruption to the education of the young." Even within this wide range of parameters, they found it was almost impossible for the benefits of the lockdown to outweigh the costs. In one extreme case – 440,000 lives saved, doubling the usual UK value of a life year, 10 years of life saved per patient, and an immediate bounce-back in GDP with no decline at all for 2021 and after – the lockdown did better. In every other case (among 80 scenarios in total), the costs of the lockdown were too great.

A similar analysis for NZ was done by Lally, counting life years at NZD \$45,000 and, halving the Miles et al. UK study's number, assuming that 1/3 of the economic damage was being done by the lockdowns rather than the pandemic itself. He found that each life year saved by lockdown was costing over \$3 million NZD.<sup>30</sup><sup>31</sup>

There have also been models and comparative studies arguing that there is no trade-off here at all; lockdowns are better for health and for the economy. I have not been impressed with the ones I've seen, though there may be better ones. I'll sketch a few that have been used in the media to support lockdowns.

Grafton et al., an Australian team, argued in an August 2020 preprint that more stringent social distancing rules are better for both health and the economy.<sup>32</sup> Their model is quite complicated on the epidemiological side – modeling, in several different ways, the spread of the virus and how it responds to changes in policy over time – and simpler on the economic side. They assume a per-day cost of lockdowns, and rather than looking at years of life lost to a typical Covid patient, they valued each life lost at AUD \$4.9 million. This

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calculations that are open to the moral objection that they reduce the value of human life to how much people would have spent on commodities. Instead the figure we use for the value of a QALY is a measure of what is considered the highest level of resources (i.e. what part of GDP) in the UK health system that should be used to generate extra quality adjusted years of life – and it is saving of lives which is what the lockdown was for."

<sup>30</sup>[https://d3n8a8pro7vnm.cloudfront.net/taxpayers/pages/13/attachments/original/1597378829/THE\\_CO\\_STS\\_AND\\_BENEFITS\\_OF\\_A\\_COVID\\_LOCKDOWN-3.pdf?1597378829](https://d3n8a8pro7vnm.cloudfront.net/taxpayers/pages/13/attachments/original/1597378829/THE_CO_STS_AND_BENEFITS_OF_A_COVID_LOCKDOWN-3.pdf?1597378829).

Lally was considering the single long NZ lockdown in the early part of 2020, and assuming that a no-lockdown policy for NZ would be something like Sweden's. Deaths in Sweden have gone up since his estimation; see the Appendix.

<sup>31</sup> Here is a quick, back-of-envelope analysis for the US case, arguing that lockdowns are not a good idea. <https://aapm.onlinelibrary.wiley.com/doi/10.1002/acm2.12970>

<sup>32</sup> <https://www.medrxiv.org/content/10.1101/2020.08.31.20185587v1.full.pdf>. "Health and Economic Effects of COVID-19 control in Australia: Modelling and quantifying the payoffs of 'hard' versus 'soft' lockdown." The text says they also included hospitalisation costs, made allowance for the costs of switching lockdowns on and off, but but I can't work out from the preprint how those are figured in.

number for the "value of statistical life" is not arbitrary, and is used in some policy settings, but it makes no allowance for age – the number is the same for a lost life at 5 and at 90. Use of that number with no consideration of alternatives that factor in age is a problem.<sup>33</sup>

Others have argued, by comparing outcomes, that countries that have done better with on the health side have also done better economically. These arguments are not yet to the point, as what we want to know about is the effects of lockdowns. Graphs showing a correlation between doing well on health and also on the economy are anchored at the "good" end by countries like South Korea and Taiwan, which have not had lockdowns, and at the "bad" end by countries like Italy, which have had stringent lockdowns but large numbers of deaths and much economic disruption. (A good example is the graph here.<sup>34</sup>) The existence of no-lockdown success stories for health and GDP in Asia, along with disasters on both fronts in Italy and Spain *with* lockdowns, is nothing like an argument for lockdowns. What we need to know is whether lockdown has good or bad effects, considering death rates and economic disruption separately and then using some sensible measure of the cost of lost years of life to combine them. The medium term is also more relevant than what happens in 2020, but once we are looking to beyond 2020 we are again in the realm of modeling rather than empirical studies. Even medium-term economic measures also fail to consider the long-term costs of disrupted education and the growth of inequality.

Let's now look explicitly at inequality, a problem not captured by overall measures of economic health such as GDP. The rich are less affected by lockdowns and in some cases are doing very well. They will probably continue to, as the biggest of big businesses

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<sup>33</sup> A much less detailed model that also justifies lockdowns with that \$4.9 million AUD per life is here: <https://theconversation.com/the-costs-of-the-shutdown-are-overestimated-theyre-outweighed-by-its-1-trillion-benefit-138303>

In the middle of the year, a number of people argued against Sweden's approach by noting that neighboring countries had many fewer deaths and similar levels of economic contraction, as measured by consumer spending. One study found that consumer spending dropped by 29% in Denmark and by 25% in Sweden. This is too short-term to be very informative.

See <https://arxiv.org/pdf/2005.04630.pdf>. And <https://theconversation.com/no-australia-should-not-follow-swedens-approach-to-coronavirus-143540>

<sup>34</sup> <https://www.bcg.com/en-us/publications/2020/why-its-not-too-late-to-contain-the-virus> (These analyses also tend to assume a heavy GDP decline for Sweden - 8% or so. As of December, via Reuters, looking like 2.9% for 2020. <https://www.reuters.com/article/sweden-economy/swedish-govt-sees-milder-downturn-in-2020-slower-growth-next-year-idUKKBN28Q1VZ>. But I have not looked at whether the projections are wrong for other countries, too.) Also: <https://theconversation.com/data-from-45-countries-show-containing-covid-vs-saving-the-economy-is-a-false-dichotomy-150533>.

And: <https://ourworldindata.org/covid-health-economy>. "No sign of a health-economy trade-off, quite the opposite"

grow further and smaller ones are wiped out.<sup>35</sup> In general, and especially in the US, rich people live a good deal longer than poor people – the richest in the US live 10-15 years longer than the poorest.<sup>36</sup> This is apparently not primarily due to different levels of health care. Similar, though smaller, gaps are seen in the UK and France, which have well-funded universal health care systems. Robert Sapolsky describes this in terms of the “the psychosocial impact of being poor,” an impact most marked in situations where others are not poor – where a gap is present. I take it to be uncontroversial at this stage that the pandemic and its lockdowns are widening gaps between rich and poor.<sup>37</sup> The tale of lockdowns over much of the world has been one where some people (including me) have not missed a single paycheck, while others have been fired or forced to permanently close their businesses. Poverty is not just being unable to buy nice things, it is having a harder, unhealthier, shorter life.

That is enough numbers (and there will be more in the Appendix). I'll finish this section with a few extra points and then move on.

First, the monetary values for life years that figure in this section are, again, intended to enable Covid to be treated like other health issues, not to be reductive about human life and its value. If we are going to do these calculations in other health areas, we should also do them here. If we don't do them, then we can't run a publicly funded health system coherently at all. As will become clear later in this article, my overall view is anything but "economically rationalist" about human well-being. And each death, even at advanced age, is a tragedy for those who love the person who dies.

Second, in informal discussion one often hears the argument that it's not lockdowns that have economic costs but the pandemic itself. Real studies of this issue have so far put some of the costs on each side, with neither dwarfing the other, but I'll also make a more

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<sup>35</sup><https://www.nytimes.com/2021/01/01/upshot/why-markets-boomed-2020.html?action=click&module=Top%20Stories&pgtype=Homepage>. Headline: *Why Markets Boomed in a Year of Human Misery*. "The millions of people no longer working because of the pandemic were disproportionately in lower-paying service jobs. Higher-paying professional jobs were more likely to be unaffected"

<sup>36</sup> <https://newrepublic.com/article/153870/inequality-death-america-life-expectancy-gap>  
*The Gross Inequality of Death in America*

<sup>37</sup> <https://www.theguardian.com/business/2020/oct/07/covid-19-crisis-boosts-the-fortunes-of-worlds-billionaires>. "A report by Swiss bank UBS found that billionaires increased their wealth by more than a quarter (27.5%) at the height of the crisis from April to July, just as millions of people around the world lost their jobs or were struggling to get by on government schemes."  
<https://www.brookings.edu/blog/the-avenue/2020/12/22/amazon-and-walmart-have-raked-in-billions-in-additional-profits-during-the-pandemic-and-shared-almost-none-of-it-with-their-workers/>

informal comment, again presaging later stages below.<sup>38</sup> If I had a small business and I was told to close it, and when I objected I was told: "If we let you stay open, you would go broke anyway; no customers will come in," then my response would be: "Let's see; let me give it a shot. If customers won't come – fine. But let me at least try." I suspect many small business people would say something similar, certainly if lockdowns are supposed to last months (as they now do) rather than weeks (as we were once told). If there is good reason to think that closing them down will have benefits that far outweigh the costs, that's another matter. But the idea that the pandemic is the entire problem, not the lockdowns, is in several ways wrong.

Third, in sifting through the models used in these debates, something I already believed from doing philosophical work in this area, but that has been strongly brought home again, is a point about idealization and robustness. In this kind of modeling, there is no getting away from massive simplification of the system being studied, and a lot of numbers are set with educated guesswork. This is inevitable, but the way to do things is then to cover a wide range of possibilities and scenarios, and only believe results that are robust across many different ways of setting things up. An "all roads lead to Rome" outcome is what one wants – or at least, many relevant roads. If someone only works with one number, then if that number has not been empirically determined in a very solid way, this is something to worry about.

Fourth, debates about mortality and lockdowns are often followed by an appeal to the threat of "long Covid," the longer-term health effects of the infection. This is presently another unknown, though some of the anecdotes and informal reports are certainly worrying. Should we be pessimistic and cautious about long Covid? Well, then we should be pessimistic and cautious about schools and inequality and much else. And once the policy discussion is shifted to include effects other than death, one can't claim that ordinary cost-benefit reasoning is trumped by a special, more fundamental harm. Non-mortal effects of Covid are on the table with other non-mortal harms. Through 2020, we've unfortunately become used to the idea that "concern" in the case of Covid motivates extraordinary, unprecedented, and highly destructive measures. Within that thinking, once we become concerned about long Covid, lockdowns are on the table.

Am I concerned about long Covid? Definitely. But given what we know, it is not enough to force people to shut down their businesses and prevent children going to school.

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<sup>38</sup> COVID-19 Doesn't Need Lockdowns to Destroy Jobs: The Effect of Local Outbreaks in Korea *CEPR Discussion Paper No. DP14822* <https://ssrn.com/abstract=3615585>. The Korean study suggests about 50%. Miles et al. use 2/3. Lally finds 1/3 is more than enough for his result.



## **Second Layer: Liberties**

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