

# *Covid Heterodoxy in Three Layers*

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This is a third and near-complete version (v.3). It adds the third "layer" of argument without updating the earlier sections; those are essentially the same as they were. Comments are welcome. Feel free to email me at [p.godfreysmith@gmail.com](mailto:p.godfreysmith@gmail.com). December 2020/March 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.<sup>1</sup>

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

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<sup>1</sup> I would like to thank Rob Bezimienny for a series of very detailed and valuable discussions of these topics, and also thank Gigi Foster, Euzebiusz Jamrozik, Kim Sterelny, Charles Rathkopf, Jessie McCormack and several other correspondents.

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 at least alter the balance in our policies. 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 some restrictions now common 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 a suppression of liberty and autonomy that has its own importance, and is a basis for 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 an 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 our present situation, 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 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>2</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

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<sup>2</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.

arguments and recommendations are directly mainly at developed-world democracies (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 moves towards favoring lockdowns until the vaccine distribution program is complete, as that process is not moving as quickly as many hoped (although the creation of the vaccines themselves 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 much less restriction on economic activity and normal life. Young people are being made to pay too high a price.

The most organized policy initiative opposed to lockdowns is the Great Barrington Declaration, which advocates "focused protection."<sup>3</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. Though I don't agree with everything in their documents, I am in agreement with this general approach. I've learned from recent correspondence that indicating this partial agreement leads to the inference that I don't take Covid seriously as a problem, actively want to see people infected with the virus, and/or support a kind of extreme economic libertarianism. All those associations with Great Barrington are unfair, but it's worth saying at the outset that those are not my beliefs. I take the problem of Covid completely seriously, and write from a political position on the center-left, especially on economic matters. One reason I am writing this lengthy paper is concern over political polarization in this area, and an alarming absence of constructive exchange and consideration of middle-ground positions.

I think that "focused protection" could take many different forms, and the best or better policies will vary according to circumstances. But there should be little ongoing restriction of basic liberties in relation to association, protest, and so on. Mask mandates, in contrast, are not a big deal. 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.

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<sup>3</sup> <https://gbdeclaration.org>

This is a long essay that was written in parts. The main sections are:

**First Layer: The Balance of Harms - p. 4**

**Second Layer: Liberties - p. 18**

**Third Layer: Aspiration, Meaning, and Fear - p. 25**

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

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 2 million deaths have been attributed to Covid worldwide, including over 400,000 in the US.<sup>4</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 the way of the main ideas, but some numbers are inevitable.<sup>5</sup> In the US, the reported median age of death from Covid has been 78 years. It has been 83 in England and Wales, also 83 in Australia.<sup>6</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>7</sup>

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<sup>4</sup> <https://coronavirus.jhu.edu/map.html>

<sup>5</sup> My numbers will also be slanted towards the US, UK, and other English speaking countries.

<sup>6</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 up to 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>7</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>

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>8</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>9</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 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>10</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>11</sup>

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<sup>8</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>9</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>

<sup>10</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>11</sup> <https://www.economist.com/graphic-detail/2020/07/15/tracking-covid-19-excess-deaths-across-countries>

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>12</sup> So the IFR for a country depends on its distribution of ages. Accepted figures range from around 0.25% to 1%.<sup>13</sup>

What about long-term effects ("long Covid") and other harms? They are certainly relevant in principle. 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 well be, and I'll say more about it near the end of this section.

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 entirely 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>14</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

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<sup>12</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>13</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/>

<sup>14</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>

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 pro-lockdown 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 soon because of the sheer expense. Eviction bans for non-payment of rent are also coming to a close.<sup>15</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 should resonate with people in the 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 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>16</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 hard to tell which ones might have been inaccurate, as the projections were 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

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<sup>15</sup> <https://www.nytimes.com/2021/01/01/nyregion/nyc-eviction-moratorium-shelters.html?action=click&module=Top%20Stories&pgtype=Homepage>

<sup>16</sup> For the role of the concept of a "reasonable worst case scenario" 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>.

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 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 comparable 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 that 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>17</sup> Some of this error might also

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<sup>17</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



be explained by that tendency to start, in early 2020, with lockdown plans that apply over a few weeks, where the stakes are lower, 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>18</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 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>19</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

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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>18</sup> <https://www.nytimes.com/2020/12/24/us/remote-learning-student-income.html>

<sup>19</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>

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>20</sup> But in other settings – Argentina, France, California, the UK - they have not worked well. The most 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>21</sup>

Within the US, 2020 saw a "kaleidoscope" of different approaches (I borrow the term from an exasperated representative of the restaurant industry).<sup>22</sup> A comparison often

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<sup>20</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.

<sup>21</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."

Update: a newer study with similar conclusions is here:

<https://www.ajtmh.org/view/journals/tpmd/103/6/article-p2400.xml>. Note that this one did find support for masks, but not lockdowns.

<sup>22</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

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>23</sup> Anti-lockdowners have a tendency to say that Florida is doing better than California despite its freedoms. A look at medium-term and per capita (population adjusted) measures shows that Florida has probably been doing worse, though the situation changing is week to week). What gets lost in the California-Florida battle is the bigger picture. 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. [\* This paragraph will be updated soon.]

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 Sweden would cruise through the one and only Covid "wave" with slightly elevated death rates in the short term, but much better set up for the longer term. A sharply 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>24</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 also 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

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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>23</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/>

<sup>24</sup> A particularly bad article of this kind was published by the Australian national public broadcasting service, the ABC – <https://www.abc.net.au/news/2020-11-28/sweden-paid-too-high-a-price-with-its-rogue-coronavirus-policy/12922932>

immigrants have had a difficult time with Covid in many western countries, including Sweden.<sup>25</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 (now updated,) Sweden appears to have had around 7000 excess deaths in 2020, compared to the average of the previous five years, and this might be around 7% of the total for the year.<sup>26</sup> That would not be just a normal year, as admirers of the Swedish approach hoped, but Sweden has done fairly well by European standards. It is, like Florida, certainly "in the middle of the pack" with respect to outcomes despite its very different approach to the problem.<sup>27</sup>

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 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

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<sup>25</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>26</sup> At <https://www.statista.com/statistics/525353/sweden-number-of-deaths/>

Social media is full of different ways of assessing Sweden's excess mortality for 2020, adjusting for population growth and other factors. Some ways of doing the sums have it that 2020 was, in fact, near enough to normal, and others make the numbers look worse. There seems little to gain from this kind of wrangling, and I just use the simplest calculation of excess for 2020, comparing the total to the average over the previous 5 years.

<sup>27</sup> A widely cited paper on the other side (supporting lockdowns) is Flaxman et al. 2021.

<https://www.nature.com/articles/s41586-020-2405-7>. For criticism, especially in relation to the neglect of Sweden as a special case, see <https://www.nature.com/articles/s41586-020-3025-y>  
A general, perhaps controversial, commitment guiding me here is that simpler comparative studies are better than studies that use a lot of highly idealized modeling assumptions with the goal of assessing counterfactuals, as the Flaxman et al. paper does. An example of a contentious modeling assumption from that paper: "Our model... assumes that changes in  $R_t$  are an immediate response to interventions [such as lockdowns] rather than gradual changes in behaviour."

be expected to live, given disrupted schooling.<sup>28</sup> The relation between education and longevity is controversial from a causal point of view, though a statistical 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. [\* Update: This paper has been criticized and revised, and I will update this paragraph after re-reading.]

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>29</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>30</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>31</sup> They

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<sup>28</sup> <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2772834>

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

See also <https://www.npr.org/2021/01/31/962090342/did-closing-schools-save-lives-or-cost-lives-the-debate-continues>

<sup>29</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>30</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>31</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 – 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)

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>3233</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>34</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 number for the "value of statistical life" is not arbitrary, and is used in some policy settings,

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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>32</sup>[https://d3n8a8pro7vhm.cloudfront.net/taxpayers/pages/13/attachments/original/1597378829/THE\\_COSTS\\_AND\\_BENEFITS\\_OF\\_A\\_COVID\\_LOCKDOWN-3.pdf?1597378829](https://d3n8a8pro7vhm.cloudfront.net/taxpayers/pages/13/attachments/original/1597378829/THE_COSTS_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>33</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>34</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.

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 consider age is a problem.<sup>35</sup>

Others have argued, by comparing outcomes, that countries that have done better 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>36</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>35</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>36</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>37</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>38</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>39</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. 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>37</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>38</sup> <https://newrepublic.com/article/153870/inequality-death-america-life-expectancy-gap>  
*The Gross Inequality of Death in America*

<sup>39</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>40</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>40</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

The arguments above were organized around a goal of harm minimization in a broadly utilitarian sense. In liberal democratic societies, that sort of cost-benefit calculation is usually filtered by other principles. For example, some measures, even if they might be generally beneficial in their effects, would mistreat a minority or impinge on basic rights, and that usually rules them out. The measures might violate explicit principles in documents like the US Bill of Rights, or rights protected more by judicial interpretation and political tradition. This relates to the question of what sorts of powers the police should have, and how the policing of minor matters should be handled. In societies like ours, there's one set of questions about how you would like people to behave, and another set of questions about which kinds of coercion and incentivization are acceptable.

During the pandemic, constraints of this kind have been loosened or lost, to varying degrees, in some societies where they had previously been important. The result has been the suppression of some basic liberties. Some of these relate to everyday, non-political behaviors – moving around, gathering, visiting people. Those shade into political activity – association for political reasons, protest, public speech. Third, some questions of liberty arise on the economic side – whether you are free to continue earning a living, through activity that would not attract attention or sanction in ordinary times.

Discussion of this side of the problem is made complicated by the very different ways these behaviors have actually been constrained over the past year in different places. Across the range of circumstances now referred to as "lockdowns," different rules have been officially in place and different levels of coercion have been applied. If "rules" amount to strong advice without coercion, there's not much of an issue. In other contexts, behaviors that would have been routine attract significant fines, whose impact varies by economic circumstances. In still other contexts, formerly ordinary behaviors trigger forcible arrests, and enforcement policies breaking dramatically from prior expectations of what the police should do.

These differences between societies were made vivid by email correspondence after I posted the first version of this paper. I think that from the point of view of life in the US, it may be hard to accept as serious the idea of significant fines (and arrest if one persists) for trivial behaviors like going for a walk or sitting on a bench to eat takeaway food. The "liberties" debates related to Covid in the US have been mostly concerned with mask mandates and business closures. Masks I see as not a big deal, and while business closures do raise questions of liberty, especially in societies without much of a safety net, in most of this section I will set the economic aspect to one side. I'll be concerned with more everyday

behaviors, and some kinds of political expression. Especially in urban areas where most people who are not rich have small living quarters, just being about to spend time outdoors is an important liberty. So is meeting up and visiting people. These are related to behaviors with a political dimension, but a lot of the time they don't attract a lot of ethical, legal, or policy interest because they are so basic to human life.

The arguments of this section are less relevant to the US than elsewhere, both because the rules have been less intrusive, and because the police appear reluctant to interfere in everyday behaviors in a way that is now common in the UK and Australia. (I don't know enough about Canada.)<sup>41</sup> Where everyday behaviors are constrained, heavy-handedness leads to protest, and hence further suppression of behaviors that it would normally be unthinkable to penalize. In Australia, a woman was arrested for a Facebook post that encouraged people to attend an anti-lockdown protest – a protest explicitly described as including social distancing. She was arrested while pregnant, at home, and placed in handcuffs.<sup>42</sup>

In England, the present policy is that fines for breaking lockdown rules are large though not huge, and are given out in large numbers – fines start at £200 and 6,500 of these were given out in November's lockdown (32,000 since March).<sup>43</sup> In England, one cannot presently be outside the home except for a narrow range of reasons – essential shopping, exercise, helping those in immediate need, and some others. A fine can be issued for

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<sup>41</sup> I can't find the source, but remember a report of a Brooklyn (New York) police chief of some kind, in a 2020 spring lockdown, saying something like: “you seriously want us to enforce this? In Brooklyn?” One person did eventually die in an altercation with police in Brooklyn, over people hanging out on the street, but in general the US police seem to have held back.

They have sometimes been more proactive in relation to masks:

[https://www.thegatewaypundit.com/2020/12/manager-orders-police-remove-disabled-child-movie-theater-failing-wear-face-mask-video/?utm\\_source=Twitter&utm\\_campaign=websitesharingbuttons](https://www.thegatewaypundit.com/2020/12/manager-orders-police-remove-disabled-child-movie-theater-failing-wear-face-mask-video/?utm_source=Twitter&utm_campaign=websitesharingbuttons)

<sup>42</sup> <https://www.bbc.com/news/world-australia-54007824>. The Facebook post for which Zoe Buhler was arrested said: “PEACEFUL PROTEST! All social distancing measures are to be followed... Please wear a mask...”

"State Premier Daniel Andrews defended the arrest, saying protests undermined public health efforts."

'Now is not the time to protest about anything. Because to do so is not safe,' he said on Thursday." Another woman was sentenced to a 6 month jail term for sneaking across a state border within Australia that, before Covid, had almost no significance at all. She was avoiding quarantine and hitched on a truck. She was eventually freed on appeal.

<https://www.abc.net.au/news/2020-08-25/woman-who-snuck-into-wa-on-truck-handed-six-month-jail-sentence/12592832>

<sup>43</sup> <https://www.bbc.com/news/explainers-52106843> "Since March, 32,000 have been issued in England and Wales. Penalties rose sharply during England's November lockdown. Almost 6,500 penalty tickets were handed out as police moved more quickly to enforcement."

While I was finishing this draft two people in the UK were fined £10,000 each for organizing a large snowball fight. <https://www.bbc.com/news/uk-england-leeds-55845582>

mingling with more than one person from a different household outside of an established "support bubble." Twelve men were fined for playing dominos together in a closed restaurant.<sup>44</sup>

Once lockdowns extend for many weeks or months, the refusal to allow ordinary human circulation and contact is a major imposition. Occasionally the UK fines have been issued in a ridiculous way. Two women who drove 5 miles, parked apart, and went for a walk together were fined. "Derbyshire Police said that driving to a location to exercise 'is clearly not in the spirit of the national effort to reduce our travel, reduce the possible spread of the disease and reduce the number of deaths.'" The police backed off this case after media attention.<sup>45</sup> The role of discretion itself is problematic; the police are free to determine what is a "reasonable" excuse to be outside the home (again, for a great many people, a small apartment shared with others, not a cottage with a garden). Arrests for those who refuse to go along appear fairly common (dozens or hundreds at a time at protests).<sup>46</sup>

In Australia, in contrast, when lockdowns are in force (nowhere at the time of writing, January 2021) the approach is different, with much heavier fines – often around \$1000 AUD, and over \$1600 in the state of Victoria – for offences like washing one's car or eating takeaway food outside. In Victoria, the most urbanized and politically progressive state, these fines have been given out in tens of thousands.<sup>47</sup> This has been coupled with a wildly irresponsible use of existing laws, as seen in the woman arrested at home for the Facebook post, who was charged with "incitement".<sup>48</sup>

The last year has also seen some excesses that are not really representative, but should be mentioned to indicate what can happen. In Melbourne (Australia), 3,000 people in public housing towers were put with no warning into the hardest of hard lockdowns, surrounded by police and not being allowed to go outside of those high-rise buildings *at all* for 14 days, with food brought in by authorities, because of a Covid cluster in that (largely immigrant) community. Despite the state government being completely unrepentant –

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<sup>44</sup> <https://www.bbc.com/news/uk-england-london-55503852>.

<sup>45</sup> <https://www.bbc.com/news/uk-england-derbyshire-55594244>

<sup>46</sup> <https://www.bbc.com/news/uk-england-london-55116470>

<https://www.bbc.com/news/uk-england-london-55518304>

<sup>47</sup> "Police in Victoria have handed out nearly 20,000 fines for Covid-19 breaches during the coronavirus pandemic, a parliamentary inquiry has been told.

Lisa Neville, the state's police minister, told a Covid-19 inquiry on Wednesday officers had issued 19,324 fines, including 1,669 for failing to wear a mask and 2,145 for people breaching the Melbourne curfew...." <https://www.theguardian.com/australia-news/2020/aug/26/victoria-police-issue-almost-20000-fines-for-covid-19-breaches-during-pandemic>

<sup>48</sup> <https://www.abc.net.au/news/2020-08-03/coronavirus-covid19-public-health-breach-fines-money-revenue/12498310>

Premier Daniel Andrews: “We took the steps that the experts said were necessary to save lives” – this case looks likely to make its way into history as one of the worst Covid-related abuses of power in Western democracies. (Perhaps saying that is optimistic; it is among the worst to date, anyway.) I am not suggesting that this has been typical, more that it is at the far end of a spectrum of problematic responses, and one that shows where an unquestioned “We took the steps that the experts said were necessary to save lives” attitude can lead.<sup>49</sup>

What sort of role should these arguments about basic liberties play? There are a couple of ways they might enter into policy. From the viewpoint of a pure or “absolute” form of libertarianism, many lockdown measures could never, in principle, be justified. I don't agree with a view of that kind. Those “absolute” forms of libertarianism tend to make a philosophical error. They mistake valuable political constructs – rights and liberties – for entities somehow given by Nature itself. I see that as bad mistake. The freedom to move around, to express opinions, or to visit family and friends is not something bestowed by the universe or by laws of human reason. These are, instead, normally and reasonably protected facets of everyday life in societies like ours. (They are protected, too, rather than merely assumed; if you were to physically prevent someone from going outside and moving around, or visiting a friend who needed company, during any normal period of time, *you* would in many cases commit an offence.)

While not absolute, these freedoms have a special status because they are foundational to the way we live, and underly other activities like political participation, caring for others, and so on. Though some of these freedoms enjoy indirect legal protection through their political manifestations or through ordinary criminal law, they are in many cases *so* basic and ordinary that they don't seem to be subject to a lot of legislation, and the case I am making on their behalf is not a legal one. My case is based on what I take to be central political norms and principles of liberal democratic societies.

Arguments expressed in terms of liberty are unpopular in center-left circles as they are associated with economic libertarianism, opposition to environmental regulation, opposition to measures prohibiting discriminatory business practices, and so on. I don't defend – and actively oppose – “libertarian” arguments of those kinds. None of that is on the table.

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<sup>49</sup> <https://www.nytimes.com/2020/12/17/world/australia/melbourne-lockdown-covid-human-rights.html?smid=tw-share>. The authorities “at all times acted lawfully and within the applicable legislative framework,” Richard Wynne, the minister for planning and housing, said in a statement released on Thursday. “We make no apologies for saving lives,” he added.

With "absolute" versions of libertarianism set aside, what is the relationship between the arguments of this section and those of the previous? In the previous section, I looked at a weighing of harms of the following kind: On one side, I assume that reduced interaction between people leads to some reduction in the transmission of the virus. On the other side are lost jobs, disrupted schooling, bankrupt small businesses, and the distinctive ills of increased inequality. Both sides of the accounting can be contested – whether lockdowns reduce transmission very much, whether the societal costs are more due to the lockdowns or the pandemic itself. That was the first stage. Now we add a set of costs that are not so economic in character, that instead involve a long-running suppression of behaviors that have an integral role in the everyday texture of life in liberal societies, and in some cases, political expression. These costs (as with the first layer) include dangers relating to the longer term, such as the entrenching of coercive habits in local authorities that are likely to lead to ongoing harm even after the pandemic is over.

If the argument, again, comes down to questions of balance, then some other forms of behavioral constraint are worth discussing. What about overnight curfews, which have been occasionally imposed outside of the pandemic? Many might be questionable because of their role in the over-policing of marginalized groups, but they do not much affect the liberties I am concerned with here, because what is prohibited at night is permitted in the daytime. What about the famous blackout of UK urban areas, such as London, during the WW2 "blitz"? This was an attempt to eliminate all light from cities at night to impede German bombers. The measures were enforced, not voluntary, and some thought the rules went too far. Collateral harms included increased numbers of accidents and sexual assaults. But as with curfews, blackouts were not an absolute suppression of movement, or even a significant constraint on behaviors of the kinds I am talking about. They are more akin to mask mandates than lockdown rules.

I accept that in some circumstances some of these ordinary liberties can be compromised to some degree, as part of a larger balancing. As with the disruption of schooling, the duration of the suspension matters. Measures that have limited importance when they apply over a two-week period are a different matter when extended for months, and when they are reintroduced repeatedly. Within this context of balancing, longer-term effects are again important. It is bad to have a situation where the police are routinely spending a lot of their time harassing people for trivial things – gathering, meeting friends at home, going on walks together, and so on. We don't want a lot of police action directed at those non-crimes. This should be extremely rare, but it is now, over months, becoming

very common, and is changing the relationships between populations and their police forces. Powers gained tend not to be willingly relinquished.<sup>50</sup>

It is important to remember how these policies got onto the table. In a December 2020 interview, Neil Ferguson, an Imperial College epidemiologist who has been very influential in UK government decisions, looked back over discussions in the first part of 2020 as the pandemic spread. As he tells the story, the idea that lockdown was a genuine possibility in a modern European context initially seemed outlandish. Then the Chinese showed lockdowns could apparently be effective, and the Italians followed.<sup>51</sup> ("It's a communist one party state, we said. We couldn't get away with it in Europe, we thought... And then Italy did it. And we realised we could.") Similar comments were made by an Australian counterpart around the same time – "Maybe we wouldn't have even thought of it had Wuhan not done it."<sup>52</sup> In those early months, public discussion showed a degree of reluctance to go down this road. But the policy quickly took off. I suspect that all sides – those in favor and those against – were a bit surprised at the willingness of people to acquiesce in these measures. Even in the case of the extreme Australian lockdown discussed above, a majority of people affected did support it, according to all surveys I saw at the time. In that particular lockdown, the cordoning of the main urban area was routinely and casually described as the "ring of steel". The ring of steel? It sounds like something from a dystopian novel or fascist scenario.<sup>53</sup>

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<sup>50</sup> I wrote about an example of this on my blog some months ago. <https://metazoan.net/82-from-the-shore/>, The example involved post-9/11 terror laws.

<sup>51</sup> <https://www.thetimes.co.uk/article/people-don-t-agree-with-lockdown-and-try-to-undermine-the-scientists-gnms7mp98>. The full passage: 'In January, members of Sage, the government's scientific advisory group, had watched as China enacted this innovative intervention in pandemic control that was also a medieval intervention. "They claimed to have flattened the curve. I was sceptical at first. I thought it was a massive cover-up by the Chinese. But as the data accrued it became clear it was an effective policy." Then, as infections seeded across the world, springing up like angry boils on the map, Sage debated whether, nevertheless, it would be effective here. "It's a communist one party state, we said. We couldn't get away with it in Europe, we thought." In February one of those boils raged just below the Alps. "And then Italy did it. And we realised we could." That realisation was a fulcrum in British history....'

<sup>52</sup> <https://www.smh.com.au/national/victoria/how-we-beat-covid-part-one-the-way-in-20201210-p56mdr.html>: "Professor Sharon Lewin says Victoria has achieved something remarkable. Melbourne, for all it has been through, offers a lesson to the world. Lewin's caveat is that we're not sure what that lesson is.... "There isn't a lot of science around lockdown measures," she says. "No one had done lockdown before coronavirus. Maybe we wouldn't have even thought of it had Wuhan not done it."

<sup>53</sup> In South Australia, a 14 day lockdown was introduced where one person *per household* was to be allowed out of the home once per day. <https://www.smh.com.au/national/south-australia-announces-six-day-circuit-breaker-lockdown-20201118-p56fpj.html>. The lockdown was dropped a few days later, because a single lie told to a contact-tracer had undermined its rationale.

In this section I've also not discussed the economic side very much, but we should also think about this aspect of the situation again, especially about the desperation of people watching their previously uncontroversial way of making a living be suppressed for months and in many cases wrecked altogether. As I said earlier, I don't support a generally libertarian view of economic matters, but the societal context makes a difference here. It is possible to arrange a society with sufficiently generous safety nets that it makes sense to see the operation of most small businesses as, in a sense, an optional matter. We can ask the proprietor of a normally uncontroversial business to close, for some broader societal benefit, and know they'll be fine. Some societies are an approximation to this, but only a few. It is not "economic libertarianism" to think that forcing someone to shut down in a situation with totally inadequate safety nets is more than an ordinary financial harm. The economic context in which they operate is one in which their freedom to continue trading is integral to getting by (not being evicted from their home, and so on). In response to this, a person might say: "We just need proper safety nets!" That is fine; to take that path is to turn a society from one kind into the other kind. But it's a huge change, and until it actually happens, it's not much of a response to the person whose business is shuttered.

A moment ago I noted that the people subject to the very harsh winter lockdown in Victoria, Australia, expressed support for the restrictions in various surveys. Support for the current, milder lockdown in the UK also seems high, or at least was high at the outset.<sup>5455</sup> I concede that this sort of fact poses a challenge to a position like mine. I am making a plea for the preservation of liberties as we act to reduce the severity of the pandemic. But what if a lot of people do not care very much about these liberties? My response is to try to persuade them to care, remind them that they used to care, and highlight the long-term consequences of not caring. It may be that attitudes are genuinely changing in this area – I am not sure. Answering survey questions is a public act, even when surveys are anonymous, and I wonder whether the answers people give to questions about lockdowns are more reflective of their sense of solidarity and common purpose in the

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<sup>54</sup> January 5: <https://www.standard.co.uk/news/politics/lockdown-boris-johnson-yougov-poll-b680047.html>. There seems to have been something like 80% support.

<sup>55</sup> Surveys have shown that many people have very inaccurate views about the risks of Covid. An ongoing survey of risk perception at USC reported in late January that the perceived risk of dying for a person infected with Covid averaged 16%. <https://covid19pulse.usc.edu>. That is wrong by a huge factor. It's not far wrong if you are over 80, but the overall IFR, as discussed earlier, is below 1%. The media have repeatedly said that everyone is at significant risk, that the virus "does not discriminate," and so on. But I don't attribute all or most of the public support for behavioral changes to this; I think the results are more an expression of an embrace of common purpose.



face of the pandemic than reflective of their support for the strict rules and their enforcement. This relates to one of the positive messages of the past year. Responses to the pandemic have shown, or generated, an admirable solidarity in many societies. A broad willingness to try to play a positive role has emerged. This includes a willingness to modify everyday behaviors and make sacrifices. The problems, as they relate to this section of the essay, come when restraints on the use of coercion are set aside. I would distinguish between the admirable sense of common purpose seen in many ordinary people through the past year, and the short-sighted heavy-handedness of some authorities.

### **Third Layer: Aspiration, Meaning, and Fear**

One of the more controversial parts of the anti-lockdown literature on social media is the idea that we should not let our lives be run by fear, and this is what is happening, with the continual encouragement of many governments and much of the mainstream media. This, some think, is a mistake.<sup>56</sup>

That is not a cost-benefit argument, or one based on political/moral principle, but a point about our overall emotional orientation to the situation. A reply is that when something causes great harm, you *should* be scared; fear is appropriate and might even be encouraged. I agree with the critique itself, though. A consistent problem in this area that has been the media-fed dominance of fear. It affects how children are encouraged to look at the world, and affects all sorts of reasoning that bear on the issues in earlier sections of this essay – whether lockdowns do net harm and whether the compromising of liberties is reasonable.<sup>57</sup>

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<sup>56</sup> Examples on twitter include Dr Kulvinder Kaur, <https://twitter.com/dockaurG/status/1297966294860431361>, A.J. Kay (@AJKayWriter), and Genève Campbell (@bergerbell). Kaur has recently been "cautioned" by the College of Physicians and Surgeons of Ontario (<https://www.cpsso.on.ca>) for her social media posts. The text of the caution is here: <https://doctors.cpsso.on.ca/cpsso/getdocument.aspx?flash=check&pdfid=itbnEMxT2bg%3d&id=%2084436&doctype=Alert>. The first point made is that she claimed, in a blanket way, that lockdowns are not necessary. The comment in reply made by the council cautioning her is notable: "Her statement does not align with the information coming from public health, and moreover, it is not accurate. The lockdowns in China and South Korea provide evidence that lockdowns can and did work in reducing the spread of COVID-19." South Korea, however, did not use lockdowns in 2020, though they have been considering them. <https://www.abc.net.au/news/2020-12-17/japan-and-south-korea-are-struggling-with-coronavirus/12984136>

<sup>57</sup> It seems to have had a considerable effect on the current (Feb, 2021) difficulties over opening public schools in the US.

Another controversial theme, sometimes a trap for those speaking against lockdowns, is criticism of extent of measures being taken to prolong the lives of people who are mostly already quite old.<sup>58</sup> The median age of Covid-related death in developed countries tends to be around 80, similar to the life expectancy, and most of the costs of lockdowns fall on younger people. In reply, a person at or above their society's life expectancy does tend to have, on average, quite a few years to live. The "expectancy" is not a time-limit. And the idea that some lives are "worth more" than others is surely a moral wrong turn.

A related issue, less often discussed but occasionally made stark by particular cases, is specific to the situation of older people at high risk from Covid. In the view of many, it is a disaster to die alone, and also to face alone, over many months, what feels likely to be the last part of one's life, or a large part of the last stages. For many old and infirm people, companionship and contact with loved ones is fundamental; it is much of what it is worth being alive *for*. For many of these people, some extra risks are worth taking if it means you can stay in contact with people who make your life meaningful. But this choice has been taken out of many people's hands. The decision to not allow visitors in aged care homes and many hospital settings has surely been the source of a great amount of unseen despair and misery over the past year.

In some ways these three issues are very different – the role of fear, the role of age, the importance of human contact near the end. To some extent they are unified just as issues that don't fall straightforwardly into the first two sections. But they have some things in common. Concern about each of them might be associated with a sense that human life has an overall *shape*, a path relating earlier and later stages, also a sense that some experiences have a special role in making life at various stages valuable – for many people, at least, not for everyone – and the idea that physical safety isn't everything that matters.

This section of the essay will be about considerations of that kind, and how they affect the reasoning in earlier sections. This is an area where I'll be cautious, aware of tensions between some themes. This is also an area where *arguments* play less of a role, both empirical arguments or those based on general moral principles. A discussion of this kind is mostly, though not entirely, a matter of highlighting some things, making them vivid, and asking explicitly about considerations that are often handled in a more implicit way.

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<sup>58</sup> An example of a sophisticated critic of lockdowns getting into difficulties on this point: <https://www.theguardian.com/law/2021/jan/17/jonathan-sumption-cancer-patient-life-less-valuable-others>

In the "first layer" I made much of education at the K-12 level. A person's school years are often formative. Disadvantage at this stage can become entrenched, and has huge effects downstream. For a smart person from an under-resourced background, educational opportunities can be life-transforming. Making these benefits possible through public education has been a massive, long-term endeavor, and degrading public education for a large cohort of kids is disastrous. This was covered in layer 1 and it is still the issue I am concerned about more than any other. But some less-discussed later stages in life have related forms of importance.

Consider the situation of people who have left school, and are in their late teens and 20s. This is a stage of life, in developed democratic societies, that has a distinctive role of its own. Two projects at this stage are especially pivotal. One is finding the beginning of a path into economic life – choosing a career, or exploring a cluster of them through further education. The other is finding the beginning of a path into the tangle that involves close partnerships, sexuality, family, and domestic life – working out where one might fit into that side of things. Even outside of lockdowns, more of this is done online than used to be, but in the end one must meet people, interact, and spend time, in order to try out possibilities in this area.

These two activities – finding one's path in economic life and working out where one might fit in the world of romantic and domestic partnership – have been and are still being denied to many young people now, on the basis of something that poses very little risk to them. These losses are a consequence of the closing of businesses and public spaces, the suspension of in-person teaching at universities and colleges, and a host of other measures that drastically reduce ordinary interaction and narrow economic activity. Imagine the situation of an 18 year old person whose aspirations lie in the area of competitive sports or the performing arts – those are extreme cases, and many other pathways are affected to various degrees. These early-adulthood losses are more likely to be successfully made up, I expect, than the disruption of school-age education. But it is still a problem, one already generating a mental health burden, and one likely to lead to a general loss of direction that many people will encounter downstream. In the area of schooling and also in this area, one of the chief responsibilities of older people who have established their place and now have power is maintaining open pathways for the young, not constraining and degrading their opportunities. Covid is not the only context where this matters. "Intergenerational theft" is a problem of its own on the economic and environmental side, a problem now recognized by some influential people (such as Elizabeth Warren in the US), but one allowed to wander on and cause all manner of

injustices. An unwillingness to give some degree of priority to younger people and their prospects during the pandemic is another aspect of the same problem.

When talking about the "shape" of a human life, with different stages, there is an implication I want to reject. I am not saying that there are particular things that everyone should do – a path everyone should take, jobs or roles that everyone should try to have – and that we should push people down these particular avenues. The point has more to do with choice, aspiration, and self-determination. Some central life choices are made – in an ongoing, revisable, often meandering way – in early adulthood. What young people do with their opportunities should be up to them; the idea is not that they should all do some particular thing. Some might choose not to do very much, at least at first, or not much that looks obvious from the outside. But they should have the choice, and these choices should be protected by older people who have made their own choices and have ended up with power and resources now.

The gravity of this factor depends a lot on the duration of restrictions placed on the relevant behaviors. As in the case of several issues discussed in earlier sections, if the sort of disruption discussed here goes on for a few weeks or a month, that is not a huge problem. And that is where lockdown policies began. But once it extends for something like a year, or more than a year, it becomes a bigger issue. One worry I have is that given the fact that this problem is the least acute over short time-scales, it will be the last to be remedied. I would not be surprised if a lot of young people lose close to two years, most of 2020 and much of 2021, with respect to the kinds of interactions and development being described here.

Consider someone 17 or 18 or so, leaving school and making their way into a wider world. In my own case, in the early 1980s, just going into the city and exploring the life it offered and encountering a wider range of people, as well as starting university, were of immense significance and had countless effects downstream. If that sort of thing is delayed by a few months, it's not a big deal. If delayed by a year and a half, that is a very different thing.

Some images come into my mind over and over again writing about this topic, and also some quotes. One, from the respected Australian journalist Peter Hartcher, was used earlier in this essay in a footnote, but it's worth elevating to the main text.<sup>59</sup> The pandemic has been a challenge where, he says, "[t]he whole of the people had to accept some personal inconvenience for the common good. In successful countries they did; in failed

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<sup>59</sup> <https://www.smh.com.au/national/pandemic-exposes-global-fault-lines-and-how-australia-rose-above-them-20201211-p56mn4.html>

ones they did not." If you have already made your way through those formative years into middle age, your salary is coming in uninterrupted, and you are at home eating gourmet take-out delivered by others, then yes, lockdowns might be described as a personal inconvenience. But if your business is wrecked (level 1) *or* you are 18 and trying to work out what sort of future you might pursue (level 3), it is a lot more than that.

In making this point about stages in life, I don't want to overstate things in a way that makes life paths look less flexible than they are. A person can wake up one day at age 70 and decide to do something totally new, and then do that thing for 20 years. But does anyone seriously doubt the general differences in the roles of different ages described here? I don't think anyone doubts it; the question is whether we should factor it in. I think it should be on the table, and like intergenerational theft, it is easy to lose sight of.

This argument for some degree of prioritization of the young has a relationship to the vexed issue of whether younger lives might be in some sense "more valuable" than older ones. Many versions of the question "Do some lives have more value than others?" are incoherent, but there is a question about an ideal, or a political commitment, that is gestured towards here, and answers to that question can be meaningful. I endorse a political commitment to the view that all lives should be accorded the same value in our society, but a "life" is a thing that extends, that has a shape, including earlier and later stages. To say that all lives have, or should have, the same value is not to say that the same efforts and investment should be applied at every stage of every life. It is instead to say that all those lives, each of which has its shape, should be counted equally in our attempts to handle opportunities, freedoms, costs, risks, and so on. Concern over intergenerational theft in economic and in environmental matters, again, is an application of this sort of reasoning. Intergenerational theft prevents the adult years of presently young people from having desirable features that earlier generations of adults enjoyed. In the realm of health policy, if someone asks how much we should spend to "save a life," the fact that "saving a life" is a misdescription of what we are trying to do also becomes salient. We all die eventually. No lives can be saved as wholes (except in the irrelevant sense in which some actions can prevent or facilitate a life coming into being at all). Those health policy questions are better asked about *extending* lives, *preserving* lives. Though we can't save lives, we can save *life-years*. And once we are thinking that way, the age of people affected by the policies on the table does matter.

I'll next spend some time looking at the role of fear itself in affecting attitudes to Covid over the last year.

Fear is an emotional response and disease is frightening. I don't criticize those who are frightened by Covid, even if they have picked up an exaggerated estimation of their

risk, given their age and health.<sup>60</sup> Instead, my topic is the fueling of fear by media and governments, trying to induce a level of anxiety that goes beyond what has "come naturally" to many people.

The situation is one where a lot of people worked out, around the middle of 2020, how afraid of Covid they are, and in many cases they ended up not as afraid as local authorities would like. This is part of what has motivated the coercive measures discussed in the previous section. (Engaging in outdoor snowball fights does not seem very dangerous to some people in the UK, so it becomes necessary to fine the students who instigated a snowball fight £10,000 each.<sup>61</sup>) It has also led to exaggeration and continual encouragement of fear by the mainstream media.<sup>62</sup> This has its own consequences for stress and wellbeing, especially as children internalize the fearful atmosphere around them, and I expect it to also lead to a degrading of trust in mainstream information sources.

The *New York Times*, probably the most important print media organization in the world, furnishes examples. An article of October 24 was headlined: *Relieved to Be Back at the Gym, but Is It Safe?* Text: "The coronavirus has made a routine trip to the gym feel like a health threat. Many epidemiologists consider gyms to be among the highest-risk

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<sup>60</sup> There are lots of interesting results here: [https://www.brookings.edu/research/how-misinformation-is-distorting-covid-policies-and-behaviors/?preview\\_id=1316949](https://www.brookings.edu/research/how-misinformation-is-distorting-covid-policies-and-behaviors/?preview_id=1316949). The role of political affiliation is disturbing: "In December, we asked, 'What percentage of people who have been infected by the coronavirus needed to be hospitalized?'... The correct answer is not precisely known, but it is highly likely to be between 1% and 5% according to the best available estimates, and it is unlikely to be much higher or lower.... Less than one in five U.S. adults (18%) give a correct answer of between 1 and 5%. Many adults (35%) say that at least half of infected people need hospitalization. If that were true, the millions of resulting patients would have overwhelmed hospitals throughout the pandemic.... Democrats are much more likely than Republicans to overestimate this harm. Forty-one percent of Democrats and 28% of Republicans answered that half or more of those infected by COVID-19 need to be hospitalized." [Republicans were more likely to get other things wrong, nb.]

<sup>61</sup> I also cited this in layer 2. See <https://www.independent.co.uk/tv/editors-picks/social-distancing-ignored-in-mass-snowball-fight-in-leeds-park-xS9KoD2X>. <https://westyorkshire.police.uk/news-appeals/two-men-given-ps10000-coronavirus-fines-over-leeds-snowball-fight>. Chief Superintendent Damien Miller, Leeds District Commander, said: "We take absolutely no pleasure in handing out such heavy fines to these two young men but their actions encouraged hundreds of people to be in close proximity to each other, creating a significant and completely unnecessary risk of increasing the spread of the virus.... It was a blatant breach of the legislation that is in place to help keep people safe at what remains a critical time for us all.

<sup>62</sup> For an example of government exaggeration, here is the NSW (Australia) Chief Health Officer, Dr Kerry Chant: "We need to remember we're continually under threat and we are never going to go back to normal." (emphasis added). <https://www.smh.com.au/national/nsw/no-open-and-shut-case-nsw-playing-the-long-game-against-the-virus-20210101-p56r75.html>. Some other quotes in the article made it sound like "never" might not be what she believes. But she said "never." She doesn't know this; no one does. We might get back to normal fairly soon.

environments."<sup>63</sup> If you are a 70 year old gym goer, some wariness is certainly sensible. If you are younger, you might worry about getting the virus and passing it to others, but that is not a matter of your safety. For months now, the following text has introduced the *New York Times* special section called "At Home": "We may be venturing outside, tentatively or with purpose, but with the virus still raging we're still safest inside."<sup>64</sup> That message was still up on March 6, 2021. The most problematic aspect of these messages is the insistence that everyone, including young and healthy people, ought to be scared.

The Times has spent a good deal of space on how to best present information about the vaccines. "So what message should people hear? 'It's going to save your life — that's where the emphasis has to be right now,' Dr. Peter Hotez of the Baylor College of Medicine told The Times."<sup>65</sup> That is the view of Dr. Hotez, an individual, but the Times has now approvingly quoted this message twice, months apart. A lot of people now know that if you are under 60 or so and healthy, the vaccine is probably not going to "save your life" because you are not at much risk in the first place (see the figures in the first section of this essay). The vaccines are a very good thing and an amazing medical achievement, but this is (as in the Australian example in footnote 62) apparently a case of deliberate tolerance of exaggeration to push home a desired effect.<sup>66</sup> The project may be especially misplaced in this case. With younger people, getting the vaccine is far more likely to preserve the lives of others, not oneself. If we want young people to get vaccinated, giving them a reason for doing so that they have every reason to discount, should they become better informed, is probably not a good idea.

These problems with fear-based messaging are not inherently tied to the earlier issues about the "shape" of human lives, though I do see a link in the unrelenting focus on risk. Here is a summary of those earlier themes, which are more central, as I wrap up this part of the discussion. In societies of the kind I'm writing about here, a person's later teens and 20s are very often the years when they begin to shape their aspirations. That is a

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<sup>63</sup> <https://www.nytimes.com/2020/10/24/nyregion/nyc-gyms-reopening.html>

<sup>64</sup> <https://www.nytimes.com/spotlight/at-home>. This text was up in October 2020 (I don't know when it began) and in March 2021.

<sup>65</sup> <https://www.nytimes.com/2021/01/18/briefing/donald-trump-pardon-phil-spector-coronavirus-deaths.html>. <https://www.nytimes.com/2021/03/02/opinion/covid-vaccine-coronavirus.html>

<sup>66</sup> In fear-directed writing, the *Los Angeles Times* is perhaps a champion. In February 2021, a viral variant was found in CA that might have increased transmission. On the basis of the most preliminary information, two studies not yet available even as unrefereed preprints, here is the LA times: "California's coronavirus strain looks increasingly dangerous: 'The devil is already here'" <https://www.latimes.com/science/story/2021-02-23/california-homegrown-coronavirus-strain-looks-increasingly-transmissible-and-dangerous>. The New York Times was relatively sober in this case: <https://www.nytimes.com/2021/02/23/health/coronavirus-california-variant.html> (I will add here something about the LA Schools & Microsoft video with the twice-scared child.)

project, and ideally a joy, of those years. When we are much older, something that is especially valuable is maintaining contact with the people who have been important parts of that journey that started decades before. One of the problems with Covid policies in many societies is that both of these activities have been thwarted, now for long periods, through curtailing opportunity for young and preventing people in aged care from staying in touch with those who matter to them. The nominal reason for this has been avoiding risk and preserving lives, and those are worthwhile goals, but they are not everything.

I see this set of considerations not as providing a free-standing argument, but as conditioning the arguments discussed earlier. When considering costs and benefits of lockdowns (layer 1), the narrowing of aspiration is a real harm. This is a complement to the starker issues about elementary and high school education discussed earlier; I aim to encourage a reweighting of factors, so that in the mix of considerations on the table, our responsibility not to narrow the lives of the young is given a role. Regarding layer 2, one of the liberties worth considering is the freedom to live in a somewhat riskier way than others might choose, especially near the end of life. The objection will be that one person's riskier behaviors creates risks for others, whether they like it or not. This is a problem, but not an insuperable one. Those who want to be very cautious should have provision made for them; those who want to be less cautious should be given some leeway. This leeway may have some residual effects on the cautious, but one preference does not override the other; there has to be a balancing.

In the previous section I discussed the possibility of a rather "pure" liberties-based argument against lockdowns, though I did not endorse it. Might there be a "pure" version of an argument based on the third set of considerations as well? I am not sure, but I think it would not be an argument I'd endorse. Too much concern with the proper shape of a human life, without this being filtered through a greater concern with autonomy, is likely to lapse into a kind of authoritarian perfectionism (*you must live like this!*). I see this third set of factors instead as conditioning our thinking about policy choices within a democratic context in which liberties and personal self-determination are taken seriously.

That is the end of layer 3. I'll cover some other themes quickly as we get close to the end of the essay.

First is the question of expertise. Lockdown critics whose fields lie outside of epidemiology and medicine, like myself, have been criticized over the past year for not being willing to "follow the science" and "listen to the experts." In areas of the present critique where medical and epidemiological details are especially relevant, I am certainly cautious. But if we were to criticize those who express opinions outside of their areas of expertise, we should criticize any epidemiologist making prescriptions on the policy side in



a way that depends on basic values, or on empirical questions about the political effects of inequality, or the effects of disrupted education on children, and so on.<sup>67</sup> The fields that are relevant to the issues at hand include virology, epidemiology, public health, evolutionary biology, economics, political philosophy, and many others. Especially when policing and education are being transformed, this is a whole-society problem.

It may be that some people think that once we get beyond the narrowly biological and medical questions, "expertise" is not a real thing, and questions about basic values, in particular, are merely a matter of intuition and personal opinion. I don't agree with that, but even if it was true, each person would then *have* an opinion that is relevant; this would not be an argument for letting questions be settled by the scientific expertise of epidemiologists plus *their* personal opinions about how important inequality is, how important everyday liberties are, and so on. The Covid problem, given its many facets, is best addressed through a many-voiced exchange between people with different perspectives and different kinds of expertise.

On the basis of a lot of years thinking and writing about biological matters, I do make some empirical assumptions in the course of my arguments. I've mostly tried to make my case without taking a stand on biological details, but my view is affected by a biological picture. I assume that SARS-Cov2 will continue to evolve, as other viruses do. Some variants are likely to evade current vaccines. For this reason and others, eradication of the virus is probably not possible, and the goal of "zero Covid" is unrealistic. First, in much of the developing world Covid is not of primary importance as a health problem, partly because these populations are younger and partly for other, poorly understood reasons. Consider India, for example (a case used in this context by Euzebiusz Jamrozik).<sup>68</sup> With a huge population and many health challenges, India currently has less than a tenth of the Covid-related death rate seen in typical European countries. There is no reason to expect them to aim for zero Covid, even if they could do it. Many African countries have smaller Covid death rates still, and bigger non-Covid health problems. Zero Covid (like much else seen over 2020) makes little sense once we look at the international context. In addition, SARS-Cov2 has many potential animal reservoirs. A large range of mammals are known to have become infected - cats, dogs, minks, gorillas. Animals are likely to remain sites of ongoing evolution in the virus.

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<sup>67</sup> Points of this kind have been made often on social media by Newman Nahas.  
<https://twitter.com/NahasNewman/status/1365710934870798347>

<sup>68</sup> [https://twitter.com/ID\\_ethics/status/1362158473526480897](https://twitter.com/ID_ethics/status/1362158473526480897). India has 113 Covid-related deaths per million at present.

A second theme I want to make contact with again, near the end, is the politicization of debates about Covid policy. The association between policy views and political affiliation, at a time of intense political polarization in many countries, is a major problem. The anti-lockdown view defended here is, I know from experience, instinctively now associated with the political right in many people's minds. As I said in the first page or so, I reject any such association. It is an unfortunate fact that a concern with liberties has been increasingly sidelined over some time on the mainstream left, and this pre-existing realignment interacts with lockdown issues. The "ACLU-oriented" form of the center-left was in retreat before Covid. On the other hand, concern with economic inequality and the increasing dominance of a few huge businesses, a focus on public education, and concern with disastrous effects of current policies on the developing world are still squarely topics of center-left concern, and their neglect is more novel.

The casual attitude to the liberties issues seen in the center-left today may have further consequences. In response to the first part of this essay, one US correspondent objected to me that saying "Lockdowns suppress liberties" is right-wing or libertarian propaganda. My reply is that saying this is a massive gift to the right. "No, lockdowns don't suppress liberties, even though people are being fined large amounts of money for going on walks together or visiting each other." As discussed in the previous section, the US has not seen policing excesses of that kind, as far as I know, and perhaps my correspondent was thinking only of the US case. But in general, if one side of politics becomes unwilling to concur in an obvious truth, it becomes a gift to the other side. People can *see* that the thing being denied is true. Credibility is quietly and incrementally lost.

A factor related to this political dimension but one with a more positive role is the way that dealing with Covid has generated considerable solidarity across communities and countries. There is a widespread sense of a shared problem and a sharing of sacrifice. This I see as a psychological and social positive. Opposition to lockdowns might perhaps be seen as tied to a rejection of this unusual and valuable social-emotional achievement. (One person said to me that some people now have so strong a *bodily* sense of solidarity and shared purpose, forged by Covid, that unorthodox policy suggestions are hard to countenance.) My reply is that the positive side of this psychological change need not be tied to the destructive policies I have opposed here. Wanting to encourage and preserve this atmosphere does not entail, to pick again the two clearest cases, the closures of schools and abuses of administrative power. Indeed, a more voluntarist, less coercive approach to the situation might push this sense of solidarity further. The positive psychological gestalt that people sense is something real, though, and it's reasonable to hope that it outlives the lockdowns.

I started writing this essay in December 2020, and it's now the beginning of March 2021. One correspondent said to me, after the December installment, that we are probably now near the end of this crisis, and perhaps I should position the essay so it bears more on future pandemics. My correspondent was in the UK, which was in lockdown then and is in lockdown now (though schools are scheduled to open this week). Real relaxation is scheduled by the UK government for May and June, if all goes well.<sup>69</sup> So the problem is not really receding so quickly, and the likelihood of new strains appearing through ongoing viral evolution also remains. Still, I agree that part of the message is how we might do better next time, and it's not controversial to expect a lot more of this kind of problem in the future. Both in the case of Covid itself and those future challenges, we need to be more responsive to the costs of lockdowns, especially given their limited benefits over the past year, and we need to be more cogniscent of the value of liberties in the realm of everyday behavior. We also need to react to crises with a stronger sense of our responsibility to young people, with a recognition of what makes life remain valuable for many older people, and an unwillingness to let fear call all the shots.<sup>70</sup>

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<sup>69</sup> <https://www.theguardian.com/world/2021/feb/22/pm-promises-incomparably-better-summer-in-england-after-lockdown>

<sup>70</sup> To come (after a break): an Appendix with some extra details, mostly about layer 1.