

Reconsider lockdown and investigate scientific evidence that it does not work and causes more harm

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14570-1

Petition Number: P-05-1046

Petition title: Reconsider lockdown and investigate scientific evidence that it does not work and causes more harm.

Text of petition: The Welsh Government is committed to rolling and ever more severe lockdowns based on the rise in the number of Covid positive test results and their belief that this will lead to more cases of Covid and a dramatic rise in deaths. Could they also consider the views of Professors Sunetra Gupta, Carl Heneghan and Karol Sikora (amongst others), and take note of the Great Barrington declaration and its signatories; and acknowledge that lockdown actually causes more harm than good.



1. Background

On 7 October 2020, when discussing the local coronavirus restrictions that were in place at the time, the Chief Medical Officer for Wales, Dr Frank Atherton, said:

What we don't want to do of course is to simply relax the measures in an area and then have to maybe a week or two weeks afterwards to put those back in. It may be that we do see a rolling programme of putting restrictions in place and removing them. We don't want to do that but that may be something we have to think about as we go through the autumn and the winter.

On 19 October the First Minister for Wales, Mark Drakeford, announced that the local coronavirus restrictions would be replaced by a national 'firebreak' from 23 October 2020 to 9 November 2020. The decision was made following advice from the Welsh Government's Technical Advisory Cell (TAC) and the UK Government's Scientific Advisory Group for Emergencies (SAGE).

TAC has published its report to the Welsh Government on the firebreak which recommended that "a swift and short-term period of simple, extreme restrictions across the whole of Wales that would significantly reduce the prevalence of the virus in Wales".

When the firebreak ended on 9 November, following advice from TAC, a new set of national measures were introduced across Wales. These have remained largely the same since with the exception of tighter measures for hospitality and indoor attractions that were introduced from 4 December 2020.

2. Harms from COVID-19

In April 2020 the Welsh Government published its framework for recovery which included four ways that COVID-19 can cause harm to people. These include:

- **Direct harm to individuals from being infected by the virus** such as being severely ill and in some cases dying.
- **Harm caused if the NHS became overwhelmed** due to a large increase in demand from patients with COVID-19.
- **Harms from non-COVID illnesses** such as those who do not seek medical attention for an illness early and their condition worsens due to the changes in NHS service delivery to respond to the pandemic.

- **Socio-economic and other societal harms** such as the economic impact of not being able to work due to businesses being closed and psychological harm as a result of social distancing.

Over the summer the Welsh Government set out its [coronavirus control plan](#) which outlined its approach to controlling the pandemic. This included that its “actions must be proportionate” and “not be more restrictive than is needed to contain the virus”. The plan said that the government will “take an approach that balances the immediate health risk with the longer-term harms from restrictions, such as on mental health and wellbeing”.

2.1. Public health measures

In November the [Senedd’s Health, Social Care and Sport \(HSCS\) Committee](#) heard from a number of academics on international experiences and COVID-19. Professor Devi Sridhar, Chair of Global Public Health at the University of Edinburgh, told the Committee that countries like Taiwan and South Korea “have managed to keep their numbers low and they’ve kept most of their society running without lockdowns”. She said these countries have done this through “having very good voluntary guidance to their populations around avoiding this virus” this includes measures such as avoiding crowds, getting outdoors and wearing face coverings. Professor Sridhar also highlighted that these countries had strict border measures with testing or quarantine procedures as well as “really good testing, tracing and isolation”.

During the Committee meeting, Professor David Heymann, London School of Hygiene and Tropical Medicine, said that some countries had “identified where transmission was occurring...so shut them down. They didn’t shut down entire economies”.

3. Barrington Declaration

The [Barrington Declaration](#) was signed on 4 October 2020 by three academics: Dr Martin Kulldorff, Professor at Harvard University; Dr Sunetra Gupta, Professor at Oxford University; and Dr Jay Bhattacharya, Professor at Stanford University. There are also a number of co-signatories including Dr Karol Sikora, Professor at the University of Buckingham.

The declaration states that “current lockdown policies are producing devastating effects on short and long-term public health”. It argues that “we know that all populations will eventually reach herd immunity” and, therefore:

The most compassionate approach that balances the risks and benefits of reaching herd immunity is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

This 'Focused Protection' approach involves "[shifting] infection risk from high-risk older adults to low-risk younger adults". The authors of the declaration believe that:

...because older people were 1000 times more likely to die of COVID-19 than younger people, an 'age stratified' approach could allow resources to be focussed on older and high risk patients while allowing younger and healthier people to attend school and keep businesses open.

4. Reactions to the Barrington Declaration

4.1. A letter to the Chief Medical Officers

While the above group of academics and doctors are arguing for a more targeted approach to restrictions, another group believe that governments should continue with a whole population approach.

Trisha Greenhalgh, Chair of Primary Care Health Sciences at Oxford University, wrote a letter to the four UK Chief Medical Officers and Chief Scientific Advisor arguing against a herd immunity approach. The letter was signed on behalf of twenty two other academics.

The letter acknowledges that "COVID-19 has different incidence and outcome in different groups" but states that "deaths have occurred in all age, gender and racial/ethnic groups and in people with no pre-existing medical conditions". Professor Greenhalgh highlights the condition termed Long Covid which is "affecting tens of thousands of people in the UK and can occur in previously healthy and young individuals".

It also argues that herd immunity "rests on the unproven assumption that re-infection will not occur" and says that "we simply do not know whether immunity will wane over months or years in those who have had COVID-19".

4.1.a. Chief Medical Officer for England

At the beginning of November 2020 the Chief Medical Officer for England, Professor Chris Whitty, and the Chief Scientific Advisor to the UK Government, Sir Patrick Vallance, gave evidence to the House of Commons Science and Technology Committee.

When asked about the Barrington Declaration, Professor Whitty said:

The biggest weakness in this is that it starts from the thesis that inevitably herd immunity will be acquired if you leave things long enough. That is not the case for a very large proportion of the most important diseases in the world. On all the ones I have worked on, you never acquire herd immunity ever. You do not for malaria; you do not for HIV; you do not for Ebola; and you do not for most of the things that come in from the front door of hospitals.

4.2. Age UK

Age UK argues against age-based restrictions and says “restricting the freedom of such a large group of people purely because of their age is discriminatory”.

The charity believes that an “age-related lockdown would mean that many older people would become increasingly frail” and that “we would see an substantial impact on mental health and older people feel locked away”.

It also argues that “characteristics beyond age – namely being male, being obese, having certain other illnesses and being of Black or Asian ethnicity – seem to increase the risk of dying”.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.