Debate Brief · Lockdown Policy

Resolved: Lockdown policy served Americans well during the Covid pandemic.

"You have to have a reason to lockdown. For example, in New York City, when Elmhurst Hospital was overrun and they were having cooler trucks outside, because they had no places to put the bodies, you had to have something to immediately shut down the tsunami of infection. That lockdown was absolutely justified. The real critical question is what do you do during the lockdown? When do you stop locking down?"

—Anthony Fauci, National Institute of Allergy and Infectious Diseases, August 15, 2023

"*I think the lockdowns are the single biggest public health mistake in history. I think the lockdowns have … failed to protect the vulnerable. … We should instead have adopted a policy [that] focused on people we knew to be truly vulnerable to disease, older populations, [and] people with certain chronic diseases."*

—Jay Bhattacharya, Stanford University School of Medicine, March 18, 2021

"[T]he best circumstances were the ones in which lockdowns were transient, safe reopening was made feasible, a remediation of building air systems was made possible, [physical] separation was possible, and masking was encouraged. In safe reopening, we were able to […] keep much of our population safe."

—Sten Vermund, Yale School of Medicine, November 15, 2022

"When people are bewildered, they tend to become credulous."

—Calvin Coolidge, November 28, 1930

Note: For the purposes of the Coolidge Cup, "lockdown policy" relates to *government-directed* stay-at-home orders and policies that closed schools, businesses, and other public places, as well as policies that prohibited gatherings of certain sizes.

ABOUT THE COOLIDGE FOUNDATION

The Calvin Coolidge Presidential Foundation is the official foundation dedicated to preserving and promoting the legacy of America's 30th president, Calvin Coolidge, who served in office from August 1923 to March 1929. Coolidge values include civility, bipartisanship, and restraint in government, including wise budgeting. The Coolidge Foundation sponsors the renowned Coolidge Scholarship and Senators program for academic merit. The Foundation has also built a national debate program, culminating in the Coolidge Cup, an invitational tournament held each July at the President's birthplace in Plymouth, Vermont. The Foundation was formed in 1960 by a group of Coolidge enthusiasts, including John Coolidge, the president's son. The Coolidge Foundation maintains offices in Plymouth, Vermont, where it works in cooperation with the Calvin Coolidge State Historic Site, and at Coolidge House in Washington, D.C. The Foundation seeks to increase Americans' understanding of President Coolidge and the values he promoted.

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BACKGROUND

At some point in 2019 a new infectious disease confronted humanity. In the months and years that followed, the disease, a coronavirus, spread across the globe. To date, more than 7 million people worldwide have died of COVID-19, and the World Health Organization estimates at least 775 million worldwide have been infected by the virus.[1] In the United States, nearly 1.2 million have died of COVID-19 since 2020.[2]

In the U.S., the Centers for Disease Control and Prevention confirmed the first known person-to-person transmission of the virus in the country on January 30, 2020. Subsequent weeks brought more cases to light, though still in relatively small numbers and confined to urban areas. By mid-February it was clear that we were entering a global pandemic. Americans became concerned over the ability of their healthcare system to accommodate potentially large numbers of very sick patients. There was no vaccine nor any known-effective treatment.

By March 2020, we knew that the novel coronavirus had relatively high transmissibility, and that for some individuals (including those who are elderly and those with complicating risk factors), COVID-19—the name of the disease caused by the new coronavirus—could be fatal. It was around this time that businesses, industries, and other various forms of economic activity began to shut down—at first voluntarily (as with professional sports and colleges) and then under government orders.

Two important concepts for understanding and analyzing policies dealing with public health are **externalities** and **tradeoffs**.

Externalities are costs or benefits of an activity that are borne by other people not directly involved in the activity. As economists Peter Boettke and Benjamin Powell explain:

> "The economic justification for any public policies to mitigate the COVID-19 pandemic hinge on the presence of externalities. The mere fact that COVID-19 is deadly would not justify a public policy response if all of the risks associated with contracting the disease were completely internalized to individuals making decisions. […] Unfortunately, when individuals contract COVID-19 they also contract the possibility of infecting others with the disease. If individuals do not account for how their own activities risk their contracting the disease, this raises the risk of contraction for others, causing a transmission externality."[3]

Situations where significant negative externalities are present can raise some challenging questions. For example, at what point should the "offending" actions be curtailed? Should they be curtailed at all? Are there other strategies for people to share the costs of their actions?

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[1] Our World in Data, World Health Organization, "Cumulative confirmed COVID-19 cases and deaths, World."
[2] COVID Data Tracker, Centers for Disease Control and Prevention.
[3] Boettke and Powell, "The political economy of the COVID-19 pandemic" South Econ J. 2021;87:1090–1106.

Tradeoffs are the simple but powerful idea that there are often both good and bad consequences to actions, and we should be careful to account for all of the good effects and all of the bad effects when we compare different courses of action. By issuing stay-at-home orders, shutting down businesses, and prohibiting events and gatherings, the government reasoned that the coronavirus might spread less rapidly, fewer people might become sick, and lives might be saved. Those are the potentially good effects. But lockdown interventions come at a cost to individuals and society. Recognizing the many tradeoffs involved in choosing one course of policy action versus another is the first step in analyzing costs and benefits inherent in each approach and weighing them against each other.

The strategy and rationale of lockdowns is relatively straightforward: if we prevent and/or delay the spread of the virus, it might "buy us time" in various ways, including a) spreading the number of cases out over a longer time that is more manageable for our healthcare system, b) allowing physicians to figure out how to treat COVID-19 more effectively, and c) allowing scientists to develop a vaccine which might reduce transmission or lessen disease severity. Over much of 2020 and beyond, many hospitals were strained, with physicians, nurses, and other staff working long hours under physically taxing and medically dangerous conditions. From this point of view, the number one public policy priority was to reduce the rate of infection and stem the tide of sick patients seeking intensive care.

These are the potential benefits, yet prohibiting certain actions through lockdown orders has real costs. School closures led to dramatic learning loss for students. Millions of Americans lost their jobs during the pandemic. Workers in many public-facing industries such as restaurants and retail were hit especially hard. Nearly a third of American tenants missed their rent payments. Entrepreneurs and small business owners lost their businesses, and even well-known companies like J. Crew, Hertz, Neiman Marcus, and J.C. Penney filed for bankruptcy.

Many office workers and professional workers—dubbed "the laptop class" by some commentators—were able to continue working remotely, thanks in part to the emergence of new videoconferencing technologies. However, even many of those people faced greater stress and adversity—consider the working parents who shouldered full-time work *and* the role of home educator when public schools closed. The health and safety costs of lockdown policies were serious as well. People susceptible to depression become more depressed, and mental health suffered. People stuck at home with abusive partners become more susceptible to violence. Millions of Americans missed recommended cancer screenings or had to delay recommended surgical procedures, causing adverse health outcomes.

After we take into account everything on both sides of the ledger, did lockdown policy serve Americans well? Were lockdowns a reasonable and necessary restriction to get society through a difficult time? Or were they ineffective and/or an unjustified restriction that either should never be repeated again or used only in much worse circumstances? COVID-19 will not be the last pandemic that the world sees. Now is the time to reckon with our past decisions so we do not get caught unprepared next time.

COOLIDGE CONNECTION

Calvin Coolidge lived through a pandemic himself, and indeed a bad one. The Spanish Influenza[4] swept across much of the globe in 1918-1919. Worldwide, approximately 500 million people were infected by influenza—or about one-third of the world's population—and roughly 50 million of those people died. In the U.S., approximately 30 million people were infected, and about 675,000 people died.

The influenza pandemic struck in three waves. Wave 1 ran from about March 1918 to May 1918, and was the least deadly of the three waves. Wave 2 ran from about September 1918 to early December 1918 and was by far the deadliest. The third and final wave arrived in early 1919 and lasted until about June 1919. One big difference: in the spring of 2020 COVID-19 dominated the news. In 1918 and 1919, the press and political leaders made it a policy to play down the influenza, which of course affected public attitudes.

At the time of the 1918 pandemic, Calvin Coolidge was Lieutenant Governor of Massachusetts. (He did not become President of the United States until 1923, when President Warren G. Harding died while in office.) The city of Boston became one of the earliest hit places when troops returning from the war overseas brought the disease back with them.

Lt. Governor Coolidge and other state and city officials monitored the spread of the disease. Under the direction of Coolidge, the state put out calls for help for medical personnel and other forms of assistance. One proclamation signed by Coolidge read, "It is earnestly requested that everyone who has had medical or nursing experience or who can assist in any way, communicate with the Commissioner of Health at the State House." To help keep the spread of influenza at bay, the City of Boston closed schools, and also closed certain businesses such as movie theaters, dance halls, pool halls—so-called "places of amusement" and "unnecessary places of public assembly." Conscious of the effect that closures could have on the economy and on the war effort, the city did not apply these mandated closures to all businesses.

Ultimately over 50,000 people in Massachusetts contracted the flu out of a population of about 3.7 million. Although final death counts statewide are unclear, daily death tolls at their peak were in the hundreds. Eventually, after about two months, the outbreak started to subside.

As you think about this debate topic, think about Coolidge's experience during the influenza. What were some of the important similarities and differences with respect to the current crisis we face with the coronavirus and COVID-19? What decisions were made back then about tradeoffs, and how might Coolidge have responded to the COVID pandemic?

[4] Although we do not know with certainty where the Spanish Flu originated, we do know that it did not originate in Spain. The reason it came to be known as the Spanish Flu was because Spain was one of the few neutral countries during WWI, and thus one of the few countries that did not have war-time censorship of its press. Whereas other countries suppressed news of influenza outbreaks in order to avoid negatively affecting morale at home and among the troops, Spain reported freely on its influenza cases—and as a result became associated with it.

KEY TERMS

Lockdown – When action or movement is restricted *by the government* in the interest of public health. For the purposes of this debate, lockdowns refer to stay-at-home orders, and to government policies that closed schools, businesses, and other public places (e.g., parks, beaches), prohibited events of certain sizes from happening, and restricted travel.

Tradeoffs – A situation in which if one thing increases, something else must decrease, is said to have tradeoffs. Doing your homework versus going out with your friends is a relatable example. In economics, when you choose to do one thing instead of another, what you give up by not choosing the next best alternative is called the "opportunity cost" of that decision.

Gross Domestic Product (GDP) – GDP is a measure of the value of all the goods and services produced in the United States in one year. It tracks the health of a country's economy. Economists use GDP to figure out whether an economy is growing or experiencing a recession.

Focused Protection – As described by epidemiologists Jay Bhattacharya, Sunetra Gupta, and Martin Kulldorff in a statement called *The Great Barrington Declaration*, focused protection is the pandemic response strategy of isolating and protecting the most vulnerable people in a society, while imposing essentially no restrictions on all other people. This strategy is sometimes referred to as "the middle ground between lockdowns and 'Let it Rip.'"

Excess Mortality – In epidemiology, the number of deaths from all causes during a crisis over and above what would have been expected under normal conditions. "Normal conditions" is usually expressed as the average rate across some number of previous years.

Precautionary Principle – The idea that in the face of scientific uncertainty, public policy should err on the side of being cautious, to minimize the likelihood of catastrophic harm. This is another version of a famous principle of medical ethics often attributed to one of the world's first great physicians, the Greek Hippocrates. That line, called the Hippocratic Oath, is generally cited as "Primum non nocere," or, in English, "First, Do No Harm."

Externalities – In economics, externalities are costs or benefits that are not borne by the people directly involved in the activity. If Person A does something that has a negative effect on Person B, then Person A's actions have imposed a negative externality (cost) on Person B.

Epidemic and **Pandemic** – An epidemic is a sudden increase in the number of cases of a disease, above what is normally expected in a specific population or region. A pandemic is an epidemic that has spread much more generally over many countries or continents, sometimes for which a much larger proportion of the population is either affected or susceptible.

Non-Pharmaceutical Interventions (NPIs) – Strategies other than medicines and vaccinations, such as masks and social distancing. Lockdowns are a Non-Pharmaceutical Intervention.

AFFIRMATIVE ARGUMENTS

1. Lockdowns kept the spread of COVID-19 to a manageable level, which saved lives and benefited us all.

If we had continued with daily life and economic activity in a business-as-usual fashion, COVID-19 would have likely spread very quickly and infected a much larger number of people.

> "If you look at the curves of outbreaks, they [have] big peaks, and then come down. What we need to do is flatten that down. [Fewer people infected means] less deaths. You do that by trying to interfere with the natural flow of the outbreak."
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> Source: Anthony Fauci, Director of the National Institute of Allergy and Infectious Disease. Quoted in STAT News, March 2020.

In modern society, daily life puts people in close physical proximity to one another. Shopping in stores, dining in restaurants, commuting to and from work using public transit, attending sporting events and concerts, traveling to conferences, exercising in gyms, and engaging in countless other activities multiply the number of interactions and contacts that people have with one another. Shutting down these types of activities, as was done in the United States in 2020, was necessary to prevent the number of COVID-19 cases from rising too quickly.

In 2020, there were about 5,256 community hospitals in the United States.[5] Of these hospitals, 2,704 hospitals (51%) provided intensive care for a total intensive care unit capacity of about 96,596 ICU beds.[6] Roughly two-thirds of those beds could accommodate an adult. The remainder were for children and newborns. The U.S. had a population of over 331 million people in 2020. Such a large number of susceptible people could have easily exhausted the nation's ICU bed capacity.

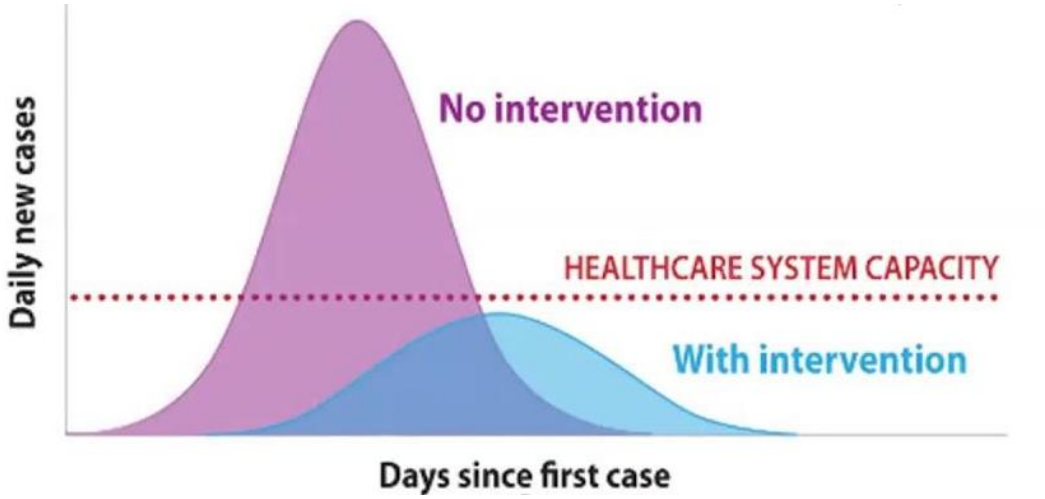
The public health strategy of slowing the spread of an infectious disease such that the demand on system resources at any one time never exceeds system capacity is known as "flattening the curve" (see Figure 1). This strategy concedes that new cases of the disease will occur, but proposes that they can be spread over a longer period of time. Another reason to attempt to flatten the curve was to buy valuable time during which doctors could learn more about COVID-19 and how to treat it, industry could produce and distribute protective equipment, and researchers could work to develop a vaccine. Doing everything possible to keep people from being infected in the early days of a pandemic is crucial. Even if virtually everyone was bound to contract COVID-19 at some point, it was correctly seen as much better for people to get infected later so that their health outcomes would be less severe.

Flattening the curve has worked before. For example, in 1918 when America faced the Spanish Flu pandemic, cities that were quick to close businesses and schools, cancel large gatherings,

[5] American Hospital Association. Fast Facts on U.S. Hospitals, 2020. Chicago, IL: American Hospital Association.
[6] Ibid.

and require people to stay home, fared much better than cities that were more reluctant to close businesses and that went ahead with their plans for large gatherings, such as parades.[7]

Figure 1. The "Flattening the Curve" Strategy



Source: Centers for Disease Control and Prevention. CDC.gov. (2020).

In 2023, the UK's Royal Society issued a report finding that lockdowns effectively reduced the spread of COVID-19 and saved lives. According to the report, lockdown and social distancing policies were "repeatedly found to be associated with significant reduction in SARS CoV-2 transmission, with more stringent measures having greater effects."[8] Indeed, lockdowns were found to be more effective than masking, contact tracing and isolation, and border and travel controls. The chair of the Royal Society report stated that measures such as lockdowns prevented many people from being infected until vaccines and better treatments against COVID-19 could be developed, exactly as they were designed to do. [9]

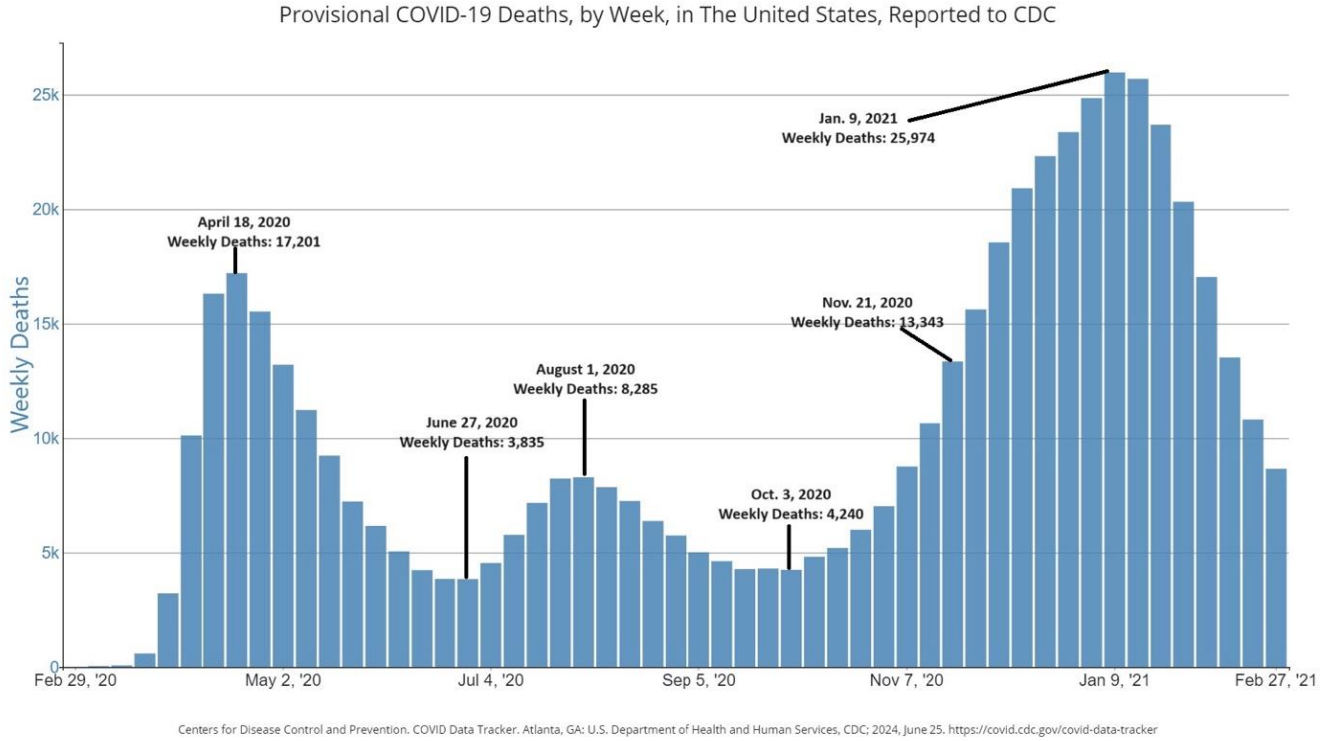
Other studies including the United States have found the spring 2020 lockdowns successfully prevented or delayed COVID-19 cases, decreasing infection rates.[10] A January 2022 study that examined the effects of lockdown in the United States from March through August 2020 estimated that lockdowns saved between 866,000 and 1,711,000 lives. Meanwhile, the study estimated approximately 57,900 to 245,000 lives were lost as a consequence of the impact of

[7] "Rapid Response was Crucial to Containing the 1918 Flu Pandemic," National Institutes of Health, April 2, 2007.
[8] "COVID-19: Examining the Effectiveness of Non-Pharmaceutical Interventions" The Royal Society. August 2023.
[9] Le Page, Michael. "Lockdowns and Facemasks Really Did Help to Control COVID-19" New Scientist. August 24, 2023.
[10] Kelland, Kate. "Lockdowns Saved Many Lives and Easing Them is Risky, Say Scientists" Reuters. June 8, 2020.

lockdowns on the economy.[11] Losing lives is tragic, whether because of COVID-19 infection or due to the impact of a weak economy. But the cost/benefit analysis of this study shows clearly that lockdowns minimized the loss of life, and thus served Americans well during the pandemic.

Figure 2, below, shows the U.S. COVID-19 weekly death tally during the first year of the pandemic. This is strong evidence that the lockdown policies worked. When the U.S. first shut down in Spring 2020, the curve of deaths was flattened successfully. Weekly deaths fell from a high of 17,201 during the week of April 18, 2020 to under 4,000 by the week of June 27, 2020. As many states loosened restrictions by the later months of 2020, deaths shot up again, reaching their heights in the Fall and Winter of 2020. Fortunately, by that time the U.S. hospital system was better prepared to handle COVID-19 cases. If the scale of deaths seen at the end of 2020 had occurred in the Spring of 2020, hospitals would have been overwhelmed and the death toll almost certainly far higher. Furthermore, in November 2020, the first vaccines against COVID-19 were released. Lockdown policy enabled the U.S. success to flatten the curve and spread-out infections until a vaccine was available. This kept overall deaths much lower than would have been the case, and made COVID-19 less severe for those who became infected.

Figure 2. COVID-19 Deaths by Week in the United States, Feb. 2020 to Feb. 2021



Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2024, June 25. https://covid.cdc.gov/covid-data-tracker

[11] Yakusheva, et al. "Lives saved and lost in the first six months of the US COVID-19 pandemic: A retrospective cost-benefit analysis" PLoS One. 2022 Jan 21.

2. It is better to be safe than sorry. Lockdowns were a wise policy response made during a time when we had incomplete information.

Much has been made of the fact that the COVID-19 death and hospitalization rates did not end up being as bad as predicted by experts in the Spring of 2020. But in debating whether we should have pursued lockdown policy in March 2020, we must acknowledge what we did not know at the time. In deciding whether to lock down at the beginning of the pandemic, we could only make that decision based on the information we knew at the time. And given the information we had in March of 2020, lockdown was certainly the best policy to pursue. Furthermore, because viruses have the capability to mutate and spread exponentially, the potential downside risks were high. As the old wisdom advises: it is better to be safe than sorry.

Some commentators have compared the risks associated with COVID-19 to the risks associated with seasonal influenza, to make the point that if we do not accept lockdowns for other causes of death, then we should not have accepted them for COVID-19. The flaw with this logic is that the range of expected deaths due to influenza is relatively well understood and relatively narrow, whereas the range of expected deaths due to a brand-new virus was unknown and unpredictable. It is a false analogy. We have vaccines against the flu and pre-existing immunity that limit the worst-case scenario, whereas for most of 2020 we merely had vaccine candidates that were still being tested. Whereas it requires a major stretch of the imagination to envision 10 million deaths from influenza in a year, it only required a modest stretch of the imagination to envision 10 million deaths in the U.S. from a new virus that was spreading uncontrollably.

What's more, at the outset of the COVID-19 pandemic not only did we not have a vaccine, we didn't even have sufficient supply of basic personal protective equipment (PPE) for health care professionals, much less the population at large. There were shortages of masks, gloves, and even hygienic supplies like hand sanitizer. Ventilators were likewise in short supply, which appeared to be a major danger given COVID-19 is a respiratory virus.

Finally, we must recall that there was an extreme shortage of COVID-19 tests for several months in 2020. In fact, the first COVID-19 test for self-testing at home was not authorized by the Food and Drug Administration (FDA) until November 17, 2020.[12] November! This was at least eight months into the pandemic. Lockdowns were especially necessary as a preventative measure given people couldn't be sure they didn't have COVID-19 when deciding whether to be around others.

Based on the numbers of predicted deaths in the Spring of 2020, lockdowns made sense, certainly from the standpoint of saving lives and, as we'll see, even when weighing the value of the saved lives against the cost of a widespread economic shutdown.

[12] "Coronavirus (COVID-19) Update: FDA Authorizes First COVID-19 Test for Self-Testing at Home," U.S. Food and Drug Administration, Nov. 17, 2020.

Placing a dollar figure on the value of a human life might at first seem distressing. But insurance companies, courts of law, and government agencies in fact do this all the time when making decisions and conducting various cost-benefit analyses.[13] For instance, in 2020, the Department of Agriculture placed the value of a statistical life (VSL) at $8.9 million.[14] The Food and Drug Administration placed the VSL at $9.5 million. The Environmental Protection Agency placed the VSL at $10 million.

At the onset of the pandemic, researchers at the University of Wyoming estimated that the total number of infections would reach 287 million without shutdown-style social distancing and 188 million with shutdown-style social distancing. Assuming a death rate for COVID-19 that is consistent with what was observed in the U.S., this would have translated into about 1.24 million lives saved. Applying the federal government's VSL of $10 million per life, the total benefit from lockdown comes to approximately $12.4 trillion. Meanwhile, citing estimates from Goldman Sachs, the researchers calculated the total economic cost of the lockdown to be around $7.21 trillion.[15]

To complete the cost-benefit analysis: Subtracting the total cost ($7.21 trillion) from the total benefit ($12.4 trillion) yields a positive net benefit for economic shutdown of $5.16 trillion.[16] Even if this estimate is off by a few trillion dollars, it still favors lockdown over no lockdown. Given the information we had at the time, lockdown was the correct choice.

3. Voluntary action would not have been enough. Lockdowns were necessary to ensure Americans with a higher risk tolerance didn't infect others–especially the elderly.

At the onset of the spread of coronavirus in the United States, many large public events were voluntarily canceled by businesses, other private organizations, and individuals. There are those who say that individuals should have been given the prerogative to decide for themselves which precautions to take. Critics of lockdowns often point to the fact that hospitals were not in fact filled to capacity during the pandemic, and therefore there was no need for the government to force people to lockdown. But it can easily be asserted that it was precisely *because* lockdowns forbade large gatherings and extensive contact with others that America's hospitals were not overwhelmed. If in the Spring of 2020, people had been given maximum freedom to take few or no pandemic precautions, the spread of the virus would have been much worse, thereby leading to a far greater number of hospitalizations and deaths.

[13] Lee, Don. "Reopening the economy could hurt it" LA Times, April 9, 2020.

[14] Merrill, Dave. "No One Values Your Life More Than the Federal Government" Bloomberg. October 19, 2017.

[15] Goldman Sachs. "The Sudden Stop: A Deeper Trough, A Bigger Rebound." March 31, 2020.

[16] Thunström, Linda, et al. "The benefits and costs of using social distancing to flatten the curve for COVID-19." Journal of Benefit-Cost Analysis (2020): 1-27.

This was evidenced by the spread of COVID-19 in states that lifted lockdown restrictions early. By the Fall of 2020, pandemic fatigue had set in among much of the American populace. Many states lifted or scaled back restrictions. A November 2020 New York Times analysis showed that states that imposed the fewest lockdown restrictions had the worst outbreaks of COVID by the Fall of 2020. The Times also noted that as 2020 had progressed, the relationship between the severity of the pandemic in a state and the strength or weakness of that state's lockdown measures grew stronger, with the least "locked-down" states having the worst health situations and vice versa.[17]

Some Americans have a higher tolerance for risk than others, and were willing to participate in activities that made them more likely to contract COVID-19. If these individuals themselves were the only ones impacted by their risky behaviors, that would be one thing. But becoming infected carries significant **negative externalities** because of the subsequent increased risk of infecting others. When deciding what actions to take or not take, individuals tend not to factor in the costs or dangers their actions may impose on others as fully as they consider the risks of an activity upon themselves. In the case of COVID, healthy young people might rationally decide to attend a concert, for example, knowing that even if they caught the virus, it was unlikely to kill them or even make them dangerously ill. But, such young people would likely not fully appreciate the externality they would be imposing on others to whom they inadvertently passed the virus. Recall as well from Affirmative Argument #2 that at home COVID-19 testing was not available until November of 2020. Since many with COVID-19 were asymptomatic, they did not know they were contagious and therefore all the more likely to inadvertently infect others, imposing an externality. COVID-19 was a dramatic example of the problem of externalities. And given the severe downside risks of the virus, which included death (especially for the elderly), governments were right to intervene and create rules to protect the population at large via lockdowns.

Of course, some states had less strict lockdowns. And in some extreme cases, groups of risk-tolerant Americans gathered in very large numbers for events that became known as "super spreaders." One example was the Sturgis Bike Rally, which attracted nearly 500,000 motorcycle enthusiasts to Sturgis, South Dakota for a ten-day festival in August 2020. Keep in mind that South Dakota, unlike most other states, had no government-issued orders in place to prevent such a gathering. A study published by the National Bureau of Economic Research found that in the weeks following the rally, COVID-19 cases increased by an additional 6.3 to 6.9 cases per 1,000 population in the county where the Rally was held. Across South Dakota generally, COVID-19 cases increased by 4 cases per 1,000 population following the event. All told, the study estimates that the rally "generated public health costs of approximately $12.2 billion."[18]

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[17] Leatherby, Lauren and Harris, Rich. "States That Imposed Few Restrictions Now Have the Worst Outbreaks" New York Times. November, 18, 2020.

[18] Dave, Dhaval, Friedson, Andrew, et al. National Bureau of Economic Research,, "The Contagion Externality of a Superspreading Event: The Sturgis Motorcycle Rally and COVID-19," September 2020.

Clearly, voluntary action was insufficient to solve the externality problem with COVID-19 transmission. Government-imposed lockdowns were necessary to ensure all citizens respected the health of others.

4. Lockdowns spurred technological innovation as people and businesses adapted to change.

As dark as the clouds of the lockdown were, one must admit that the episode yielded some silver linings in the areas of technology and innovation. Some of these came as completely new benefits that would not have otherwise been brought about, and others are innovations that perhaps would have reached consumers eventually but were accelerated into the market. Either way, these developments represent real gains. Consider four examples:

1. Videoconferencing. Videoconferencing tools have been around for years, but adoption of these tools in the past has been hindered by low quality, limited features, poor usability, and weak security. With so many individuals switching to working and learning from home in such a short time span, technology companies have been able to invest more aggressively in videoconferencing platforms such as Zoom, Google Hangouts, and Microsoft Teams. Zoom alone went from serving 10 million customers a day at the start of 2020 to over 200 million customers a day by April 2020.[19] Videoconferencing is far better now because of the lockdown.

2. 3D Printing. Hobbyists had long dabbled in 3D printing, but given the way that supply chains were strained and export bans from some countries limited trade, many companies aggressively invested in 3D printing to manufacture the physical things that they need. Faster than ever before, companies are turning to 3D printing to manufacture parts that they need for devices.[20] Hospitals responding to the pandemic can manufacture ventilators and ventilator parts to make up for shortages. Healthcare workers who need personal protective equipment can manufacture masks and face shields. The subtitle of one article on this trend captures this beneficial trend succinctly: "Goodbye prototyping, hello mass production."[21]

3. Contactless Payment/Pickup Systems. When the SARS epidemic hit China in 2002, one of the major adaptations that came about was the creation of new business-to-consumer and business-to-business online marketplaces, as people and businesses sought ways to buy and sell things without shopping in person.[22] A similar thing happened in the U.S. as

[19] "The changes covid-19 is forcing on to business" *The Economist*. April 11, 2020.
[20] Griffiths, et al. "The latest 3D printing efforts against Covid-19" TCT Magazine. June 2020.
[21] Poor, William. "Watch 3D printers churn out medical supplies to fight COVID-19" The Verge. April 27, 2020.
[22] Yan Xiao and Ziyang Fan. "10 technology trends to watch in the COVID-19 pandemic" World Economic Forum. April 27, 2020.

a result of various state lockdowns. Companies developed mobile "e-wallets" and other contactless credit cards and payment systems.[23] Drone delivery by companies such as Amazon.com and others made great strides thanks to rules that required distancing. DoorDash, GrubHub, UberEats, and other food delivery services grew rapidly and improved their ability to take orders and deliver food with little to no human contact.

4. Telehealth. When the pandemic hit in Spring 2020, telehealth services were underutilized in the U.S., largely due to regulatory hurdles. Lockdowns made visiting a doctor's office difficult, and people feared bringing patients into a hospital or clinic setting may expose them to COVID-19. Therefore, many regulations were rolled back and telehealth became a common method for patients to be seen by a doctor.[24] Telemedicine has been shown to be equivalent to care received in-person for a number of both acute and chronic conditions. Even after the pandemic, there continues to be strong utilization of telehealth, benefiting patients in terms of health and cost savings.[25]

These innovations have stayed with us and continue to provide benefits, well past the end of lockdowns. But these technological innovations would not have been brought about as rapidly if it had not been for the state- and city-level policies that required people to hunker down.

5. The economy recovered relatively quickly coming out of the pandemic. That's in part thanks to lockdowns that helped minimize the destruction of COVID-19.

The COVID-19 pandemic represented a true health emergency. Lockdown policy certainly disrupted the economy, but economic disruption was inevitable with so many people becoming sick. Given this reality, the key to minimizing long-term economic harm was to stem the tide of infection and serious illness through lockdowns, and thus position the economy to recover more quickly. According to some researchers, economic shutdowns that are shorter and stricter are more likely to minimize overall economic damages.[26] The researchers who studied this found that stricter shutdowns of two months with bans on travel and labor of at least 80 percent are economically preferable to more moderate lockdowns that last longer (four or six months).[27] Lockdowns came into effect in the U.S. in March and April of 2020. At that time, a deep economic recession seemed near certain. Many feared COVID-19 may trigger even another Great Depression.

Key economic indicators were indeed alarming in spring 2020 after lockdowns were imposed. But recovery was much more rapid than expected. Consider three key economic variables:

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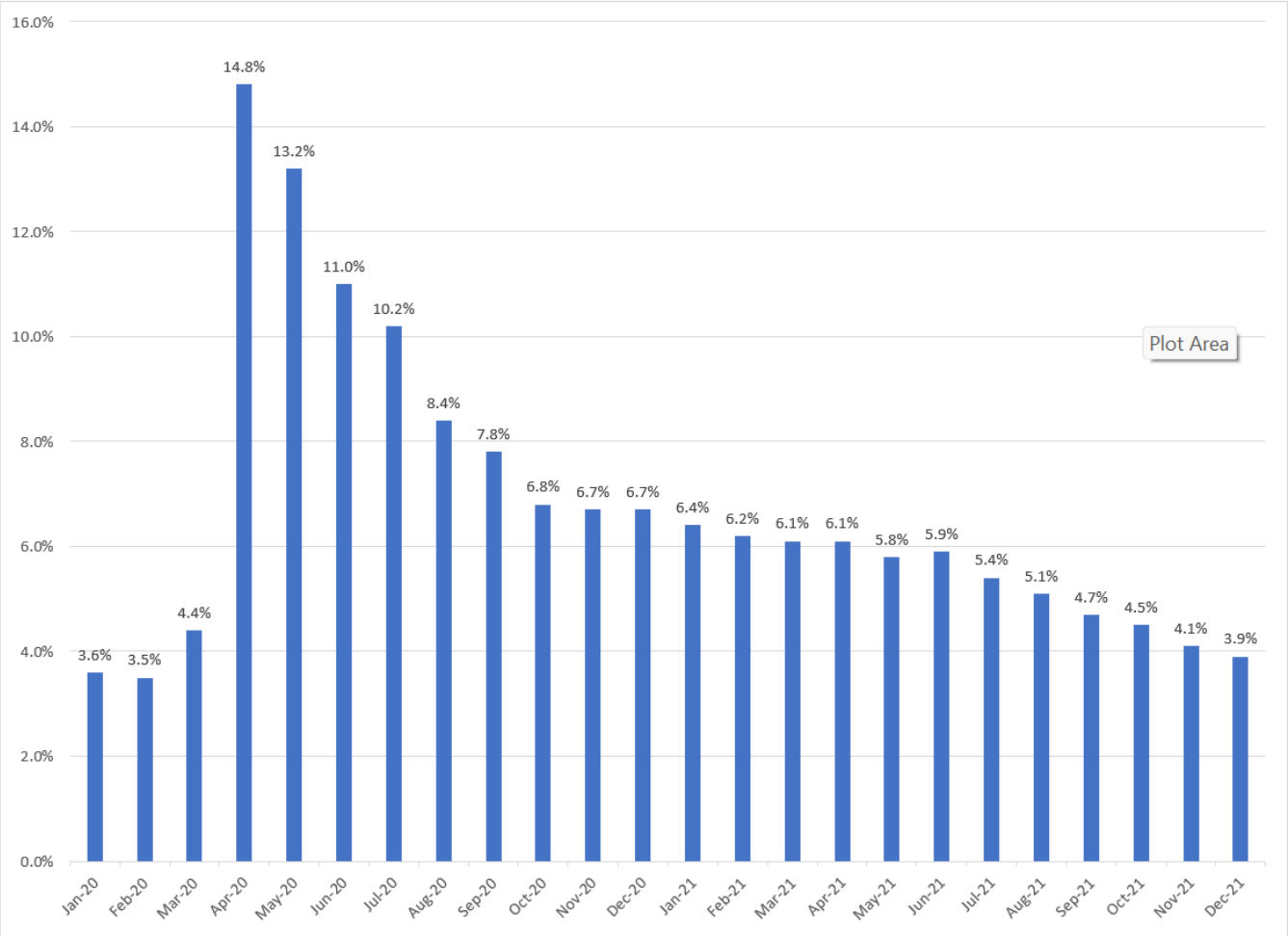
[23] Walden, Stephanie. "Banking After COVID-19: The Rise of Contactless Payments in the U.S." Forbes. June 12, 2020.
[24] Rhoads, J. "Silver Linings in State Responses to COVID-19" *The Objective Standard*. April 2, 2020.
[25] Shaver, Julia. "The State of TeleHealth Before and After the COVID-19 Pandemic" Prim Care. April 25, 2022.
[26] Guan, et al. Global supply-chain effects of COVID-19 control measures. Nature Human Behavior (2020).
[27] Ibid.

Gross Domestic Product (GDP), unemployment, and stock market performance as measured by the Dow Jones Industrial Average (DJIA).

- **Gross Domestic Product:** The U.S. economy, as measured by GDP -- shrank at a 5% annual rate in the first quarter of 2020 and then contracted at a truly alarming rate of 31.4% in the second quarter of 2020.[28] But, recovery was rapid. In the third quarter of 2020 GDP *increased* at a 33.4% annual rate and then grew at a 4% rate in the fourth quarter. This meant the year-over-year economic growth for 2020 ended up being -3.5%. Economic contraction of course is not desirable, but in the face of the worst pandemic in a century, it is remarkable that the recession was not far worse.[29]
- **Unemployment**, as shown in Figure 3, skyrocketed in the spring of 2020, moving to nearly 15% in April of that year from the low rate of 4.4% just the month earlier. Through the summer unemployment remained a problem with more than one-in-ten unemployed. But by the fall of 2020, unemployment was back below 7%. By the summer of 2021, despite continued waves of COVID-19, unemployment was back under 5%. And, as Table 1 shows, unemployment has consistently been at a low level -- 4% or lower -- since January of 2022.[30]

[28] Wall Street Journal, "U.S. Coronavirus Recession Lasted Two Months, Ended in April 2020, Official Arbiter Says," July 19, 2021.
[29] Ibid.
[30] Unemployment data from the Bureau of Labor Statistics.

Figure 3. U.S. Unemployment Rate, 2020-2021 (% of the population that is unemployed)



Source: Bureau of Labor Statistics

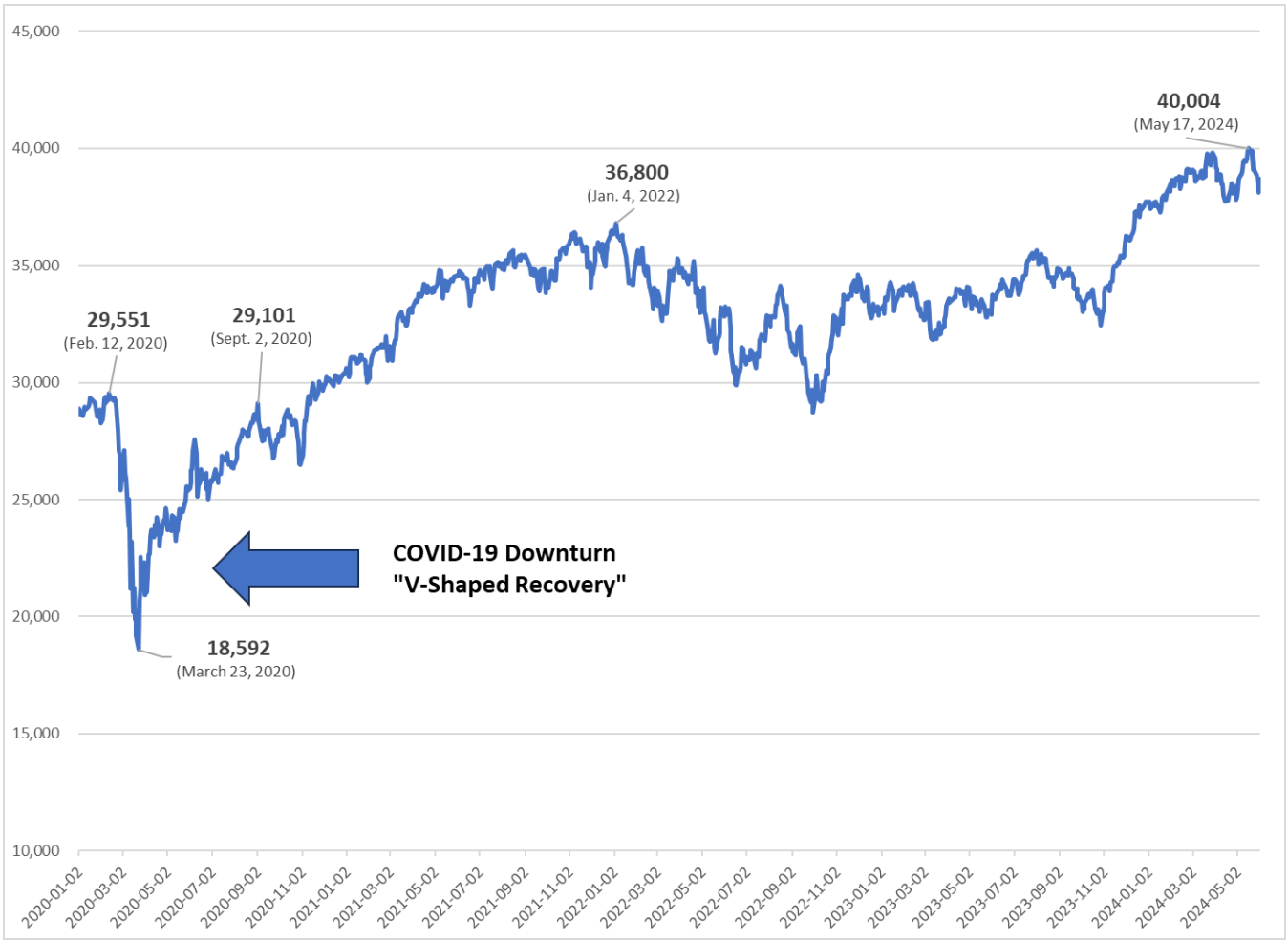
Table 1. U.S. Unemployment Rate, 2014-2024 (% of the population that is unemployed)

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2014	6.6	6.7	6.7	6.2	6.3	6.1	6.2	6.1	5.9	5.7	5.8	5.6
2015	5.7	5.5	5.4	5.4	5.6	5.3	5.2	5.1	5.0	5.0	5.1	5.0
2016	4.8	4.9	5.0	5.1	4.8	4.9	4.8	4.9	5.0	4.9	4.7	4.7
2017	4.7	4.6	4.4	4.4	4.4	4.3	4.3	4.4	4.3	4.2	4.2	4.1
2018	4.0	4.1	4.0	4.0	3.8	4.0	3.8	3.8	3.7	3.8	3.8	3.9
2019	4.0	3.8	3.8	3.7	3.6	3.6	3.7	3.6	3.5	3.6	3.6	3.6
2020	3.6	3.5	4.4	14.8	13.2	11.0	10.2	8.4	7.8	6.8	6.7	6.7
2021	6.4	6.2	6.1	6.1	5.8	5.9	5.4	5.1	4.7	4.5	4.1	3.9
2022	4.0	3.8	3.6	3.7	3.6	3.6	3.5	3.6	3.5	3.6	3.6	3.5
2023	3.4	3.6	3.5	3.4	3.7	3.6	3.5	3.8	3.8	3.8	3.7	3.7
2024	3.7	3.9	3.8	3.9	4.0							

Source: Bureau of Labor Statistics

- **Stock Market Performance.** Investors and everyday Americans worried in the early days of the pandemic that lockdowns would do tremendous damage to the stock market. From its high in February 2020, the stock market, as measured by the Dow Jones Industrial Average, lost some 37% of its value, falling to a low of 18,592 on March 23, 2020 from a high point of 29,551 just over a month earlier.[31] But, as was true with GDP and unemployment, stock market recovery was quick. Figure 4 below shows the daily index values of Dow Jones Industrial Average. Note the "V Shape" recovery. The downturn was severe, but recovery came quickly. By September of 2020 the Dow Jones Index had nearly recovered to its pre-lockdown level.

Figure 4. Dow Jones Industrial Average, 2020 - 2024



Source: Data from FRED Database of the Federal Reserve Bank of St. Louis.
Chart constructed and annotated by Calvin Coolidge Presidential Foundation.

[31] Federal Reserve Bank of St. Louis, FRED Economic Data, "Dow Jones Industrial Average."

NEGATIVE ARGUMENTS

1. Locking down in 2020 did not save a large number of lives.

In the early days of the pandemic, researchers produced models attempting to forecast the impact that lockdowns would have on reducing deaths from COVID-19. A particularly influential model developed by researchers at the Imperial College London in Spring 2020 estimated that lockdowns would reduce COVID-19 mortality anywhere from 78%-99%.[32]

Yet, the evidence suggests that lockdowns failed to deliver an impact anywhere even close to this magnitude. A June 2023 review of 22 academic studies conducted in Europe and/or the United States finds that:

> "Stringency index studies find that the average lockdown in Europe and the United States in the spring of 2020 only reduced COVID-19 mortality by 3.2 per cent. This translates into approximately 6,000 avoided deaths in Europe and 4,000 in the United States. [Shelter in place orders] were also relatively ineffective in the spring of 2020, only reducing COVID-19 mortality by 2.0 per cent. This translates into approximately 4,000 avoided deaths in Europe and 3,000 in the United States. Based on specific [non-pharmaceutical interventions], we estimate that the average lockdown in Europe and the United States in the spring of 2020 reduced COVID-19 mortality by 10.7 per cent. This translates into approximately 23,000 avoided deaths in Europe and 16,000 in the United States. In comparison, there are approximately 72,000 flu deaths in Europe and 38,000 flu deaths in the United States each year.[33]

This reduction in mortality is dramatically smaller than the estimated mortality reduction from lockdowns that were forecast by governments, educational institutions, and health experts in the Spring of 2020.

Sweden was one of the few countries that did not enforce strict lockdown measures during the COVID-19 pandemic. As Björkman, et al,[34] describe in their peer-reviewed academic paper, Sweden enforced physical distancing, encouraged working from home, limited social gatherings and travel, and prohibited some public events, but kept schools and many businesses open. The researchers concluded that "Sweden experienced relatively fewer deaths per population unit than most other high-income countries that implemented stricter lockdown measures."[35] Figure 5 compares Sweden to other European countries. Of particular note is the far-right column which displays each country's "Stringency Index," with a higher number indicating that

[32] Herby, Jonas, et. al. "Did Lockdowns Work: The verdict on COVID restrictions" The Institute of Economic Affairs. June 2023. Pg. 25.
[33] Ibid, Pg. 10.
[34] Björkman, et al. "The Swedish COVID approach: a scientific dialogue on mitigation policies." Frontiers in Public Health. July 20, 2023.
[35] Ibid.

a country's lockdown policies were more stringent. As you'll see, Sweden had the lowest Stringency Index score of the countries listed, and one of the lowest mortality rates during the pandemic years of 2020-2022.

Figure 5. Sweden vs. Other European Countries: Stringency Index and Mortality Rates, 2020-2022

	Excess all-cause mortality (deaths per 100,000 inhabitants)			SI%*
	2020	2021–2022	2020–2022	2020
Sweden	85	69	158	65
Norway	3	127	129	80
Denmark	2	94	97	72
Finland	26	204	228	85
Belgium	161	100	262	81
France	84	122	207	91
Germany	52	183	241	75
Italy	194	254	451	92
Netherlands	93	164	262	80
Poland	169	294	475	81
Portugal	120	221	273	82
Spain	162	169	332	85
Switzerland	110	106	221	77
United Kingdom	127	153	289	80

Note: "SI" stands for Stringency Index (%) and is a measure of how strict a country's lockdown policy is. It is calculated by looking at nine indicators such as school closures, workplace closures, and travel bans.

Source: Björkman, et al. "The Swedish COVID approach: a scientific dialogue on mitigation policies." *Frontiers in Public Health*. July 20, 2023.

In the U.S., policy decisions about lockdowns were largely made at the state level. Most states had some degree of lockdown, especially in the period between March and July of 2020, but the strictness and duration of lockdowns varied. Did states that had less strict lockdowns fare worse in terms of health outcomes? A study by Thomas Bollyky, et al,[36] analyzed the intensity

[36] Bollyky, Thomas J, et al, "Judging How U.S. States Performed in the COVID-19 Pandemic Depends on the Metric," Council on Foreign Relations, July 13, 2023.

of COVID-19 mandates by state alongside a host of variables related to each state's performance on health, economic, and educational outcomes (see Appendix B). Some states with stricter lockdowns (the state of Washington, for example) had favorable outcomes relative to other states. But, at the same time, some states with less strict lockdowns (New Hampshire and Florida, for instance) also had strong outcomes. The study's authors conclude: "Policy mandates, such as stay-at-home orders, business closures, and mask mandates, worked synergistically to reduce infections, but do not on their own explain the large state variance in COVID-19 deaths."[37]

2. Lockdowns were a dramatic violation of Americans' personal freedom. Focused Prevention would have been a wiser approach.

The choice of government-directed lockdowns or exercising no caution at all is a false choice. In the absence of a government-directed lockdown, private individuals are still free to act cautiously on their own in many dimensions of their lives. People who are elderly, immuno-compromised, or simply just highly risk averse as a matter of their own personal preference, can choose to do things like stay home voluntarily, get their groceries delivered, communicate with friends and loved ones over the telephone or internet, and so forth. They are not completely without options for protecting themselves.

It is also not true that, had it not been for government-ordered lockdowns, businesses and organizations would have acted recklessly and wouldn't have taken any actions to reduce risk. If the risks to health truly are high, organizations have an incentive to act responsibly. The National Basketball Association (NBA) suspended its season on March 11, 2020. The National Hockey League (NHL) suspended its season a day later on March 12, 2020, and the National Collegiate Athletics Association (NCAA) canceled its March Madness basketball tournament the same day. Museums and arts organizations such as the Metropolitan Museum of Art, the Whitney Museum, the Guggenheim, the Metropolitan Opera, Carnegie Hall, and New York Philharmonic all also took action early and voluntarily. State-mandated shutdowns came later, the earliest being announced on March 15, 2020, and more were instituted soon thereafter.

The distinction between institutions being locked down due to a government *mandate*, and businesses and organizations *voluntarily* closing their doors for a temporary period, suspending play, or postponing their events, is important. Left free to choose, organizations can decide how they best would like to serve their customers, employees, clients, and fans in the same way individuals can decide what precautions to take. Just as every individual has the best knowledge of his or her own health, private businesses and organizations have the best knowledge about the risks involved with their business or activity, and they are best positioned to know whether their customers are more or less risk-averse than the average person. Government lockdowns do not allow for decentralized knowledge and flexibility, all the while imposing significant

[37] Ibid.

restrictions on personal liberty Lockdowns are a blunt tool—a one-size-fits-all solution at the cost of personal freedom.

Leaving the question of pandemic response to voluntary decisions also enables alternative strategies to emerge. For instance, one alternative strategy is called **Focused Protection**. Made famous by the Great Barrington Declaration published in October 2020, Focused Protection involves protecting those who are the most vulnerable while leaving others to go about their lives relatively unencumbered.

> "The knowledge of the circumstances of which we must make use never exists in concentrated or integrated form, but solely as the dispersed bits of incomplete and frequently contradictory knowledge which all the separate individuals possess."
>
> Source: Friedrich Hayek, "The Use of Knowledge in Society" *American Economic Review*, September 1945

Under Focused Protection, society would physically isolate and protect only those who are at the greatest risk—such as the elderly, those who are immuno-compromised, and those with other specific risk factors. The rest of the population could practice conventional precautions such as careful hand washing and mask wearing, while allowing them to choose to attend school, go to work, shop, eat in restaurants, attend large gatherings, and so forth.

As described by The Great Barrington Declaration:

> *"We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity. 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."*[38]

Focused Protection would especially have been a wise alternative to lockdowns because age was such a strong determinant of one's risk of death if infected by COVID-19. As shown in Table 2[39] below, the case fatality rate[40] (that is, the percentage of those infected with COVID-19 who

[38] Bhattacharya, Kulldorff, and Gupta. "The Great Barrington Declaration" October 4, 2020.

[39] Griffin, Isabel, et al. "Estimates of SARS-CoV-2 Hospitalization and Fatality Rates in the Prevaccination Period, United States," *Emerging Infectious Diseases Journal*¸ Volume 30, Number 6, June 2024, Table 2**.**

[40] It should be noted that cases of COVID-19 may have been substantially higher than were captured in official statistics, especially in the early months of the pandemic. Of course, not all cases were reported to health officials, and a potentially large number of asymptomatic individuals themselves did not even know they had contracted a case of COVID-19. Based on antibody testing, a study by Bendavid, Bhattacharya, et al estimated that in April 2020 the prevalence of COVID-19 infection was around 53,000 people in Santa Clara County, California (where their study was conducted), a number much larger than the 1,200 officially confirmed cases at the time. (See Bendavid, Bhattacharya, et al, "COVID-19 antibody seroprevalence in Santa Clara County, California," International Journal of Epidemiology, May 17, 2021). If it is true that the true case numbers were significantly higher than those captured in official statistics, then the case fatality rate would be significantly smaller than was thought to be the case.

die of the virus) was incredibly small for young and middle-age people, but alarmingly high for the elderly in the period before vaccines were available (the estimates in Table 2 are for the period from May 1, 2020 to December 1, 2020). Given that data show some 27.9% of those aged 85 and older who were infected by COVID-19 died, it only makes sense that society would concentrate its efforts on protecting this group, but not impose serious burdens on the activity of the rest of the population which was at very low-risk.

Examples of countries that implemented at least some version of Focused Prevention during the pandemic include Sweden, Singapore, Taiwan, and South Korea.[41] Researchers studying the strategy of Focused Protection in these countries write, "We conclude that only a limited-time quarantine of the high-risk group might be necessary, while the rest of the economy can remain operational."[42] The freedom to choose what precautions to take, if any, ought to be granted to each individual or group in a pandemic. That this freedom was abridged by 2020 lockdown policy in response to the COVID-19 pandemic, is a violation of personal liberty.

Table 2. Estimates of U.S. COVID-Fatality Rates by Age Group in the Pre-Vaccination Period (May 1, 2020 to December 1, 2020)

Age Group	Case-Fatality Rate
Younger than 1	0.05%
1–4	0.01%
5–14	0.01%
15–24	0.02%
25–34	0.08%
35–44	0.2%
45–54	0.6%
55–64	1.8%
65–74	5.7%
75–84	14.4%
85 and older	27.9%

Data from: Griffin, Isabel, et al. "Estimates of SARS-CoV-2 Hospitalization and Fatality Rates in the Prevaccination Period, United States," *Emerging Infectious Diseases Journal*¸ Volume 30, Number 6, June 2024, Table 2**.**

[41] Cochrane, John H. "Flatten the Coronavirus Curve at a Lower Cost" Wall Street Journal. March 24, 2020.
[42] Ibid.

3. Lockdowns significantly harmed the U.S. economy, and Americans are still paying the price.

By May of 2020, two months into the COVID lockdowns, over 49 million Americans found themselves out of work, many without pay.[43] The economic damage of such job losses, both to the employers and employees, was extensive. What's more, a National Bureau of Economic Research study estimates that the long-term impact of economic hardship brought on by the COVID lockdowns will result in between 840,000 to 1.22 million excess deaths over the next 15-20 years.[44]

> "The costs of disease and premature death are high. Living longer is a good thing, and empirical evidence shows life and health are valued highly, but they are not the only thing. People's behavior reveals that they are willing to bear greater risks to life and health in order to have more of other goods and services. …
>
> "It is critical to remember that the trade-off here is not between 'lives' and GDP—it is the trade-off between two things that people themselves value: health and other aspects of their lives."
>
> Source: Mulligan, Murphy, and Topel. "Some basic economics of COVID-19 policy" Chicago Booth Review. (2020)

The COVID-19 lockdown job losses disproportionately affected those already experiencing the most economic hardship. While about 1 in 5 U.S. workers employed in February of 2020 lost their jobs by early April 2020, that number increased to almost 40% of workers who earned less than $40,000 a year. These workers were highly disproportionately employed in jobs that could not be done remotely, unlike higher educated and higher income workers, who were not as negatively affected by lockdown's detrimental economic effects. For instance, according to the Bureau of Labor Statistics (BLS), 63% of workers with a Bachelor's Degree were doing all of their work from home by early April of 2020. The same was true for only 20% of workers with a high school diploma or less.[45] Since 2013, BLS has also surveyed American households on how they rate their current financial well-being. The discrepancy in rating of household financial situation between the college and the non-college educated in the April 2020 survey was the largest divergence between the two educational groups BLS had ever recorded.[46] Not only were the economic effects of lockdown disastrous, but they affected the most vulnerable members of society the most.

The acute economic impacts of lockdowns lasted longer than just a couple of weeks or months. According to United States Census Bureau surveys, by July 2020, over half of U.S. households were reporting at least one job loss since March 2020. Over 40% of households reported delaying medical care in the previous month, over 25% reported housing insecurity (defined as

[43] US Bureau of Labor Statistics May 2020 Supplemental Data Tables.

[44] Brianchi, F., et. al. "The Long-Term Impact of the COVID-19 Unemployment Shock on LifeExpectancy and Mortality Rates" National Bureau of Economic Research. Revised September 2021.

[45] Larrimore, Jeff and Zabek, Mike. "Household Finances Under COVID-19" Federal Reserve Board Division of Consumer and Community Affairs. November 2020.

[46] "Ability to work from home" *Monthly Labor Review*. June 2020.

missing the previous month's rent or mortgage payment and/or having no confidence in being able to make next month's rent or mortgage payment), and over 10% reported experiencing food scarcity (defined as sometimes or often not having enough food to eat in the last week).[47] The U.S. national unemployment rate ran high (defined as above 5%) through August of 2021, 17 months after the first lockdowns began.[48] Furthermore, entire sectors were devastated by the lockdowns. The restaurant and retail industries were two of the hardest hit. Many restaurants and retailers went out of business. By 2022, some restaurants were still struggling financially, not only from lockdowns but also from the persistence of remote work after lockdowns ended, further damaging the economy.[49] COVID lockdowns brought on what many termed a *retail apocalypse*, with iconic brands like J. Crew, Neiman Marcus, and J.C. Penny filing for bankruptcy, alongside investment firms like Washington Prime Group, which owned more than 100 malls.[50] Economic hardship on an individual, family/household, and business/organization level plagued many Americans thanks to lockdown policies. Many families struggled to the point of not being able to afford rent or food and numerous businesses, big and small, were forced into bankruptcy.

Perhaps unsurprisingly, American states that enacted the harshest lockdown policies fared the worst economically. Oxford University evaluated states on 16 criteria of containment (lockdown) policies. The higher a state's "Oxford Government Response Index" score, the more stringent lockdown measures were. The lower a score, the less stringent the lockdown. The scale ranged from -3 to 3. An economic outcomes score was given to each state by the Paragon Health Institute, taking into account changes in GDP and employment rates, on a scale of -2.5 to 2.5. When these two data points (the Oxford Government Response Index and Paragon's economic outcomes score) are plotted together, it is evident that states with stricter lockdowns fared worse in GDP and employment, as shown by Figure 6.[51]

[47] Week 12 Household Pulse Survey. The United States Census Bureau. July 2020.

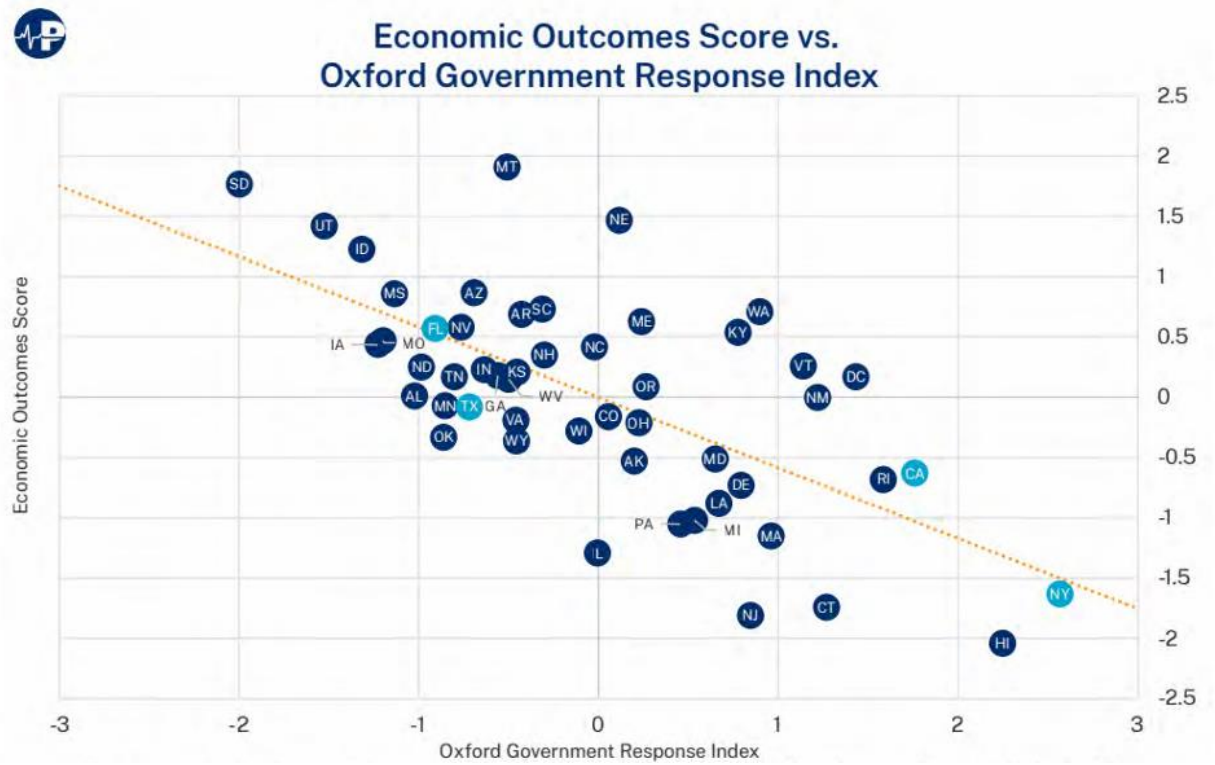
[48] St. Louis FRED Economic Data: Unemployment Rate. The Federal Reserve Bank of St. Louis.

[49] Gardizy, Anissa. "Many Office Workers are Back but their Favorite Lunch Spots are Struggling with Hybrid Work" The Boston Globe. August 14, 2022.

[50] Valinsky, Jordan. "Major U.S. Mall Owner Files for Bankruptcy" CNN. June 14, 2021.

[51] Zinberg, Joel, et al. "Freedom Wins: States with Less Restrictive COVID Policies Outperformed States with More Restrictive COVID Policies." Paragon Health Institute, February 2023, Pg. 10.

Figure 6. Economic Outcomes Score vs. Oxford Government Response Index



Source: Zinberg, Joel, et al. "Freedom Wins: States with Less Restrictive COVID Policies Outperformed States with More Restrictive COVID Policies." Paragon Health Institute, February 2023, Pg. 10.

4. School closures were a failure that set students back.

With the rise of remote work (for the laptop class) as an answer to lockdown restrictions, schools too went remote. Remote learning turned out to be a total failure. Many schools stayed remote far too long -- often well into 2021 -- even after ample evidence demonstrated the COVID-19 virus had little effect on children.

As early as the Spring and Summer of 2020, we knew that schools were not "super-spreaders" and that in-person learning carried little risk to children, who faced very little health risk from COVID-19 (see Table 2 under Negative Argument #2), and to adults, who rarely contracted COVID-19 from children.[52]

Many students, mostly those from low-income households, faced significant technological barriers to remote learning. In a Spring 2020 survey of U.S. teachers, 64% of instructors in schools with a large number of low-income students reported their students faced technological limitations to remote learning, while only 21% of teachers at schools with a small

[52] Oster, Emily. "Schools Aren't Super Spreaders" The Atlantic. October 9, 2020.

number of low-income students reported the same.[53] Lower income, rural, Black, and Native American students were significantly more likely to lack internet connection and/or a computer at home to engage in remote learning. Lower income households were also more likely to have one to two parent(s) employed in jobs that could not be done remotely, removing a main source of accountability for students to "show up" to online school.[54]

Given these facts, one would expect absenteeism to increase. And it did. In 2020, less than 10% of teachers said their remote classes approached regular, in-person attendance levels. ⅔ of teachers reported drops in assignment completion rates. Absenteeism and failure to complete assignments was highest among students from low-income households. Zearn, an online math curriculum platform, reported that the mid-March 2020 dip in student participation rates across student economic backgrounds had recovered by the end of April 2020 in higher-income communities, but even by November of 2020, lower-income communities still had low student participation rates.[55] Less students completed assignments or even showed up to remote school, and those numbers were significantly higher for the lowest income students.

Learning loss has been significant. Researchers at the Brookings Institution have found detrimental effects on educational attainment: "Average fall 2021 math test scores in grades 3-8 were 0.20-0.27 standard deviations (SDs) lower relative to same-grade peers in fall 2019, while reading test scores were 0.09-0.18 SDs lower." The Brookings Institution tragically refers to these children as a "lost generation."[56] Physician Vinay Prasad and education policy expert Vladimir Kogan have argued that "schools must remain open unless the local healthcare system is facing collapse, due to capacity constraints. Short of such a scenario, the tradeoffs favor doing everything possible to keep schools open."[57]

Not only were students' educations set back by unnecessary school closures, but studies have established associations between school closures and emotional and behavioral problems in children, as well as problems with restlessness and inattention.[58] An early 2021 review of insurance claims for 2020 as compared to 2019 showed substantial increases in mental-health care visits for teenagers, a tripling of self-harm-related visits, and huge increases (as much as 120%) in drug overdoses and substance use disorders.[59] The CDC recognized as early as July 2020 that students moved to remote-learning were already showing evidence of learning loss,

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[53] Herold, Benjamin. "The Disparities of Remote Learning Under Coronavirus" Education Week. April 10, 2020.
[54] Simpson, Ormond. Supporting Students in Online, Open, and Distance Learning. 2018.
[55] Hill, Heather C. "Remote Learning Cuts Into Attendance. Here are the Remedies" Education Week. December 3, 2020.
[56] Kuhfield, et al. "The pandemic has had devastating impacts on learning. What will it take to help students catch up?" Brookings Institution. March 3, 2022.
[57] Kogan and Prasad, "Op-Ed: Public Schools Should (Almost Always) Stay Open," MedPage, January 12, 2021.
[58] Viner, et al. "School Closures During Social Lockdown and Mental Health, Health Behaviors, and Well-being Among Children and Adolescents During the First COVID-19 Wave" JAMA Pediatr. 2022;176(4):400-409.
[59] "FAIR Health Releases Study on Impact of COVID-19 on Pediatric Mental Health" FAIR Health. March 21, 2021.

increased dropout rates, social isolation, mental illness, drug abuse, and suicidal ideation.[60] Again, these negative phenomena worsened the lower income of the student's household.

Lockdown policies toward schools were among the most damaging. At critical points in their lives, innumerable American schoolchildren suffered educational and social setbacks, along with worsening mental health. Future income and even life expectancy is strongly related to educational attainment. That so many children and young adults fell behind, with some even dropping out, is a tragic consequence of lockdown policy that will have lifelong ramifications for many. The negative effects of locking down in-person education far exceed the small risks posed by in-person education.

5. Lockdowns triggered massive new government spending that is contributing to America's fiscal challenges.

A major part of the COVID lockdowns involved shutting down businesses. The more the government shuts down economic activities, the more unemployed workers there are, and the louder the calls to provide people with cash relief and stimulus.

> The Tax Policy Center reports that the total cost of the federal government's fiscal response to COVID-19 lockdowns was $5.6 trillion, increasing the federal debt from 79% of GDP in 2019 to 97% of GDP in 2022.
>
> Source: Tax Policy Center. January 2024.

Barely a month into the economic shutdown, Congress approved a $2.2 trillion relief package that included direct payments to individual Americans. The package included 13 *additional* weeks of unemployment payments, to be added to the 26 weeks that most states provide for laid-off workers, plus four months of $600 weekly bonus payments in addition to the usual weekly unemployment checks. Although these measures might relieve some short-term suffering, they do not serve Americans well in the long-term. Three supplemental COVID lockdown relief passages passed Congress and were signed by President Trump in 2020, each totaling in the hundreds of billions. Nearly a year after the initial onset of lockdowns, in March 2021, President Biden signed the American Rescue Act, which totaled $1.9 trillion in spending.[61]

In addition to direct stimulus payments to individuals, PPP loans, and unemployment bonuses, the U.S. federal government spent lavishly to compensate for lockdown policy, bailing out various industries, cutting taxes, increasing tax credits, pausing student loan repayment, extending Medicaid eligibility, and establishing a plethora of grants and benefits. The Tax Policy

[60] "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic" U.S. Centers for Disease Control and Prevention. August, 14, 2020.

[61] "How Did the Fiscal Response to the COVID-19 Pandemic Affect the Federal Budget Outlook?" Tax Policy Center. January 2024.

Center reports that the total cost of the federal government's fiscal response to COVID lockdowns was $5.6 trillion, increasing the federal debt from 79% of GDP in 2019 to 97% of GDP in 2022.[62] Though it's true that the spending to compensate for lockdowns was temporary, the massive bill pushed the already debt-ridden federal government in a much worse financial position. Taxpayers will be paying the ballooning interest payments on the debt racked up during the COVID lockdown era for years to come.

The largess of government benefit spending during the lockdown era also delayed economic recovery. As a combined result of the economic shutdown and the increased attractiveness of being on the dole, the incentive to work disappeared for many Americans throughout 2020 and 2021. By some Spring 2020 estimates, about 68% of unemployed workers who could collect unemployment received more on unemployment than their wage used to be.[63,64] Not only was this expensive for taxpayers, but having such generous incentives hurt workers by keeping them out of the workforce longer, thus keeping unemployment higher for longer—even introducing a moral hazard as people who could conceivably return to work could choose not to do so.[65] As Prof. Norm Miller of the University of San Diego described:[66]

> "With 39 weeks of benefits at up to 75 percent of wages, plus bonus checks that are not taxable, there will be up to a nine-month lag in intensive job seeking by some hourly workers, especially in retail jobs, while virus fears linger. Some people will take advantage of this time to take courses and enhance skills. Others will go surfing."

Finally, government lockdowns and the ensuing government relief spending have fueled massive inflation. Dropping $5.6 trillion of stimulus into the American economy to ameliorate the negative effects of lockdowns led to a burst of consumer demand, sending prices soaring. In 2021 and 2022, inflation reached levels not seen since the early 1980s, with the Consumer Price Index indicating in June 2022 that prices had risen nearly 9% from only a year earlier.[67] Former Chairman of the Federal Reserve, Ben Bernanke, writing for the Brookings Institution, pointed to the increase in consumer demand driven by the government fiscal stimulus as a significant contributor to recent inflation, as well as pandemic-related supply chain kinks and shifts in consumer demand from services to goods. Furthermore, as of mid-2023, the tightness of the labor market began to push inflation upward as well.[68] Lockdown policies that forced

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[62] Ibid.

[63] Kurtzleben, Danielle. "What's In it for You? $1,200 Checks, 13 Weeks of Unemployment Payments and More" NPR. March 25, 2020.

[64] Ganong, et al. "US Unemployment Insurance Replacement Rates During the Pandemic" NBER. May 2020.

[65] Ibid.

[66] Molnar, Phillip. "Will better unemployment benefits hurt efforts to reopen the economy?" The San Diego Union-Tribune. May 1, 2020.

[67] Ihrig, Jane, et. al. "The Rise (and Fall) of Inflation During the Early 2020s" The Federal Reserve Bank of St. Louis. August 2023.

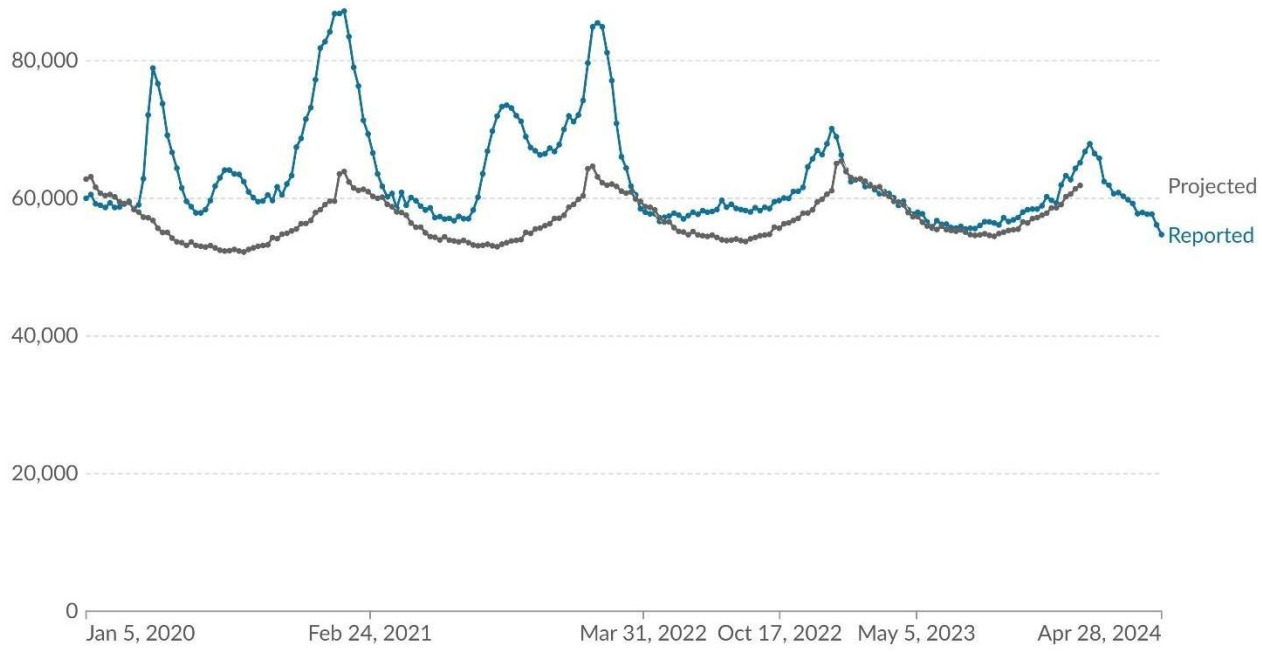
[68] Bernanke, Ben S. and Blanchard, Oliver. "What Caused the U.S. Pandemic-Era Inflation?" The Brookings Institution. June 13, 2023.

businesses to close and people to stay at home contributed to supply-chain disruption upon reopening and the consumer demand shift towards goods.

APPENDIX A. United States Excess Deaths from All Causes

Official statistics estimate that approximately 1,170,000 people died from COVID-19 in the United States over the past four years, although there is some debate over whether that is an overestimate or an underestimate.[69] It may come as a surprise, but counting deaths at this scale is difficult to do accurately. You might have heard experts talking about the distinction between "dying *from* COVID versus dying *with* COVID." There can be many contributing causes to why a person passes away, so instead of attempting to count the number of instances in which a person dies due to one particular illness, it can be more accurate to compare the number of overall deaths compared to the number of deaths we would have expected during a given period under normal circumstances. This gives us an idea of the number of excess deaths that we can attribute to the pandemic as a whole.

Raw Number of U.S. Deaths from All Causes
Compared to Projection Based on Previous Years (2020-2024)



Note: Lines represent the reported number of weekly deaths in 2020-2024 and the projected number of deaths for the same period based on previous years.

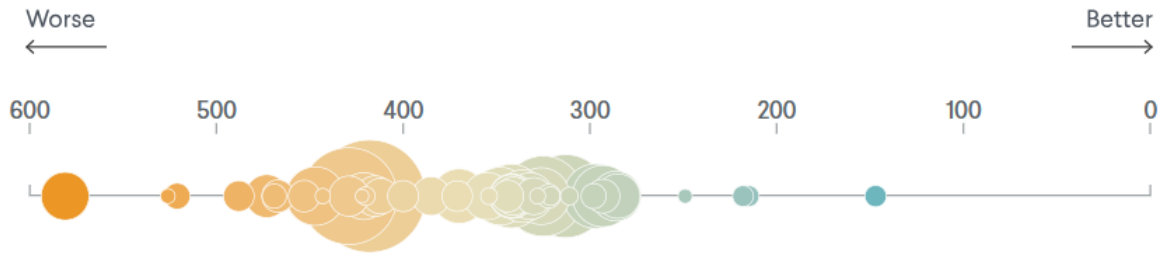
Source: Human Mortality Database and World Mortality Dataset. Our World in Data. Accessed June 10, 2024.

[69] COVID Data Tracker. CDC. Accessed June 9, 2024.

APPENDIX B. Different State Experiences and Outcomes

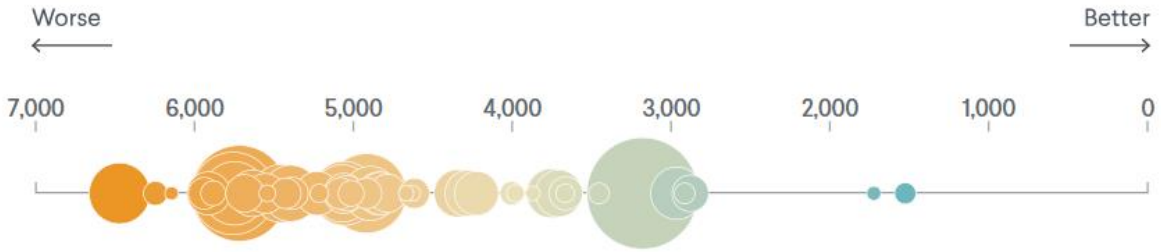
Although the U.S. federal government certainly played an important role in the nation's COVID response, for instance through Operation Warp Speed, much of the COVID response in terms of personal restrictions and lockdown policy was decided at the state level. In the graphics below, each state is represented by a bubble along the given axis. (Bubbles represent state sizes by population.)

A. Standardized cumulative COVID-19 death rate per 100,000 people (Jan 2020 – Jul 2022)



The first five states from the left: AZ, DC, NM, MS, CO. The first five states from the right: HI, NH, ME, VT, MD.

B. Standardized cumulative COVID-19 infection rate per 10,000 people (Jan 2020 – Jul 2022)



The first five states from the left: OH, ID, WY, WI, IA. The first five states from the right: HI, VT, OR, ME, VA.

Source: Bollyky, et al. "Judging How U.S. States Performed in the COVID-19 Pandemic Depends on the Metric" Council on Foreign Relations. July 13, 2023.

C. State-by-State Analysis of COVID-19 Mandate Propensity and Outcomes Related to Health, Economy, and Education

State	Mandate Propensity (Higher Score = Stricter Mandate)	Overall Rank	Health Rank	Economy & Education Rank	Death Rate (per 100,000)	Infection Rate (per 10,000)	GDP relative to expected	Math Score Change
Alabama	0.33	31	40	3	429	5,554	−0.8%	0.39
Alaska	0.16	47	38	43	443	4,668	−6.2%	−6.4
Arizona	0.7	41	48	7	581	4,342	−1.3%	−5.6
Arkansas	0.39	26	33	5	400	4,918	0.60%	−5.1
California	0.95	36	30	32	418	3,179	−4.8%	−4.4
Colorado	0.65	42	43	27	473	4,841	−4.6%	−5.7
Connecticut	0.73	8	6	35	293	3,662	−3.8%	−6.9
Delaware	0.55	12	8	42	311	3,979	−6.8%	−14
Florida	0.22	7	19	4	313	5,757	−0.1%	−5.1
Georgia	0.29	40	46	9	447	5,453	−4.1%	−2.7
Hawaii	0.83	4	1	36	147	1,525	−9.3%	−2.1
Idaho	0.27	43	51	11	469	6,246	−0.2%	−5.7
Illinois	0.81	22	28	13	342	5,748	−2.0%	−0.32
Indiana	0.41	10	16	19	332	4,278	−1.7%	−5.7
Iowa	0.24	35	34	23	344	5,939	−4.5%	−0.86
Kansas	0.24	21	25	18	371	4,616	−1.6%	−4.4
Kentucky	0.54	25	23	25	341	5,685	−3.6%	−5.5
Louisiana	0.48	38	31	37	385	4,785	−6.7%	−2.7
Maine	0.71	3	3	26	218	2,914	−0.4%	−7.7
Maryland	0.48	11	7	44	285	4,224	−3.6%	−10
Massachusetts	0.75	30	22	34	355	3,707	−2.2%	−5.6
Michigan	0.73	20	20	28	326	5,395	−0.1%	−4
Minnesota	0.61	33	21	46	342	4,826	−4.2%	−9.4
Mississippi	0.39	45	50	15	488	5,425	−1.4%	−7.2
Missouri	0.15	24	24	22	342	5,227	−2.7%	−6
Montana	0.28	28	37	1	420	5,215	1.70%	−2.6
Nebraska	0.2	9	18	12	298	5,883	−3.3%	−2.2
Nevada	0.75	50	42	45	453	5,082	−7.0%	−6.3
New Hampshire	0.41	1	2	10	215	3,453	5.50%	−5.2
New Jersey	0.52	37	29	40	370	4,893	−3.6%	−6.7
New Mexico	0.86	51	49	51	521	5,014	−8.9%	−9.9
New York	0.63	29	14	50	325	4,916	−3.5%	−9.6
North Carolina	0.67	17	26	14	348	5,070	−1.0%	−5.5
North Dakota	0.11	19	15	38	328	4,626	−6.2%	−2.9

Ohio	0.51	15	17	29	293	6,472	−3.2%	−3.4
Oklahoma	0.08	46	35	48	412	5,041	−8.1%	−7.7
Oregon	0.83	16	12	41	330	2,878	−3.4%	−8.2
Pennsylvania	0.57	23	10	49	297	5,057	−4.7%	−6.4
Rhode Island	0.62	6	9	21	321	3,666	−0.5%	−5.2
South Carolina	0.29	34	36	16	415	5,060	−3.5%	−2.5
South Dakota	0.1	18	32	2	354	5,542	3.80%	−2.3
Tennessee	0.25	32	39	8	421	5,634	1.10%	−3.4
Texas	0.47	44	45	24	429	5,718	−6.0%	−5
Utah	0.35	39	47	6	467	5,385	−0.0%	−4.2
Vermont	0.5	5	4	30	249	1,723	−0.3%	−4.6
Virginia	0.52	13	13	33	336	2,964	−2.4%	−11
Washington	1.01	2	5	17	286	3,753	−1.1%	−4.6
Washington, DC	1.4	49	41	47	526	3,869	−3.4%	−12
West Virginia	0.51	14	11	39	322	4,003	−4.5%	−5.5
Wisconsin	0.28	27	27	20	341	5,911	−3.4%	−1.4
Wyoming	0.38	48	44	31	422	6,144	−9.4%	−2.7

Notes on performance categories:

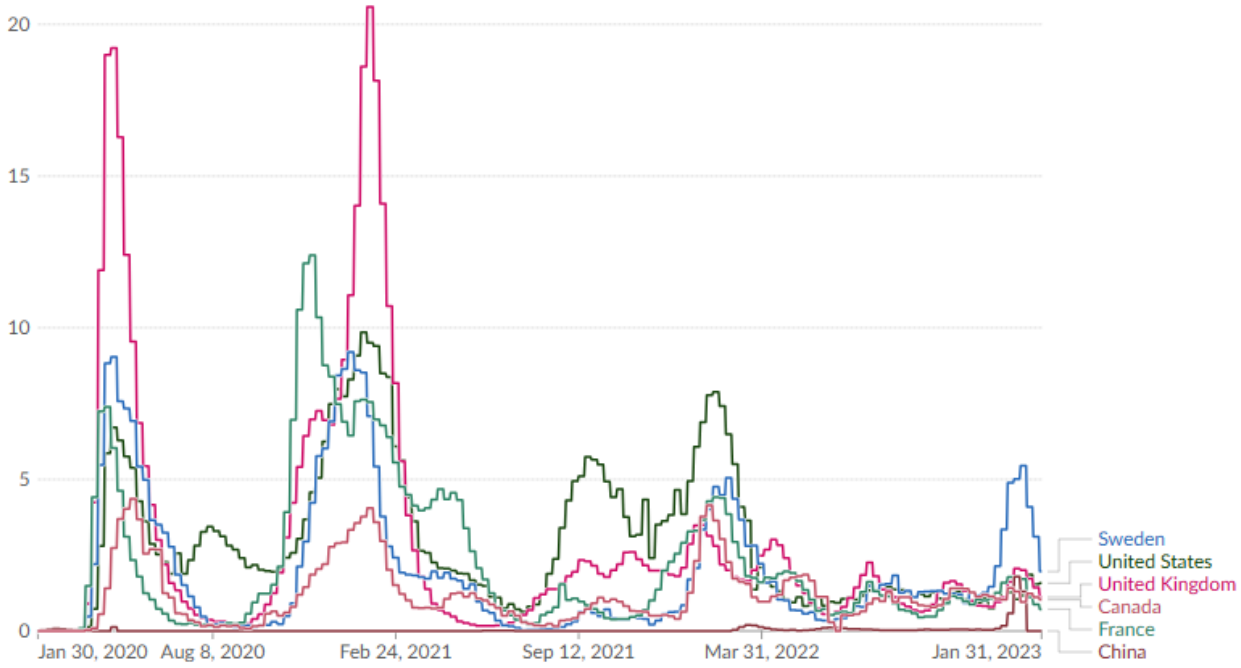
- Health: based on COVID-19 deaths per capita and infections per capita.
- Economy and Education: based on GDP, employment, math scores, and reading scores.
- Overall: combines health and economy and education, weighted more towards health.

Sources: Bollyky, et al. "Judging How U.S. States Performed in the COVID-19 Pandemic Depends on the Metric" Council on Foreign Relations. July 13, 2023. Mandate Propensity Index data from: Bollyky, et al. "Assessing COVID-19 pandemic policies and behaviours and their economic and educational trade-offs across US states from Jan 1, 2020 to July 31, 20222: an observational analysis." The Lancet, Volume 401 Issue 10385, April 23, 2023 (See Appendix 3.10 "Mandate propensity").

APPENDIX D. COVID-19 Deaths by Country

Different countries chose different strategies for dealing with the pandemic. China's lockdown policy was famously strict, with guarded apartment buildings and extensive restrictions on physical movement. Sweden, by contrast, implemented little to no lockdown policy. They instituted certain protections for nursing homes (e.g., limiting visits), but by and large kept businesses and schools open. Deaths attributable to COVID-19 are hard to measure consistently and accurately. The graph below offers one comparison.

Daily new confirmed COVID-19 deaths per million people
(January 2020 – January 2023)



Source: WHO COVID-19 Dashboard, Our World in Data. Accessed June 11, 2024.

APPENDIX E. Comparison to Other Pandemics

Throughout history, humans have faced devastating pandemics of various sorts. The table below offers a look at COVID-19 in context with other pandemics, both in recent memory and in the more distant past. For context, the world population in the year 1400 was about 350 million people. Today's world population is about 7.9 billion people (i.e., 7,900 million).

Comparing COVID-19 to Other Pandemics in World History

Pandemic	Timeline	Area of emergence	Pathogen	Vector	Death toll
Athenian Plague	430-26 B.C.	Ethiopia	Unknown	Unknown	Unknown
Antonine Plague	165-180	Iraq	Variola virus	Humans	5 million
Justinian Plague	541-543	Egypt	Yersinia pestis	Rodents' associated fleas	30-50 million
Black Death	1347-1351	Central Asia	Yersinia pestis	Rodents' associated fleas	200 million
The Seven Cholera Pandemics	1817-present	India	Vibrio cholerae	Contaminated water	40 million
Spanish Flu	1918-1919	USA	Influenza A (H1N1)	Military transport ships	50 million
Asian Flu	1957-1958	China	Influenza A (H2N2)	Poultry	>1 million
Hong Kong Flu	1968	China	Influenza A (H3N2)	Human and avian	1-4 million
HIV/AIDS	1981-present	Central Africa	HIV	Bodily fluids	36 million
Severe acute respiratory syndrome coronavirus	2002-2003	China	Severe acute respiratory syndrome coronavirus	Bats	774
Swine Flu	2009-2010	Mexico	Influenza A (H1N1)	Pigs	148,000-249,000
Ebola	2014-2016	Central Africa	Ebola virus	Unknown	11,000
COVID-19	2019-2023	China	SARS-Cov-2	Unknown	16-27 million

Sources: Adapted from Sampath, et al. "Pandemics Throughout the History" *Cureus*. 2021 Sep; 13(9): e18136.

* Confirmed worldwide COVID deaths are approximately 7 million, while estimates of excess deaths due to COVID-19 range from 16 million to about 27 million, as reported by *The Economist*, 2023.