

<https://www.sciencemediacentre.org/expert-reaction-to-barrington-declaration-an-open-letter-arguing-against-lockdown-policies-and-for-focused-protection/>

OCTOBER 6, 2020

expert reaction to the **Great Barrington Declaration**, an open letter arguing against lockdown policies and for 'Focused Protection'

TWO MAIN ISSUES

1. HERD IMMUNITY
2. FOCUSED PROTECTION.
3. OTHERS; ETHICAL (7), IDEOLOGY AND POLITICS (15 AND 16)

(The counter arguments relate to these two topics. (expert counter-counter arguments in red; mine in blue)

HERD IMMUNITY

1. vaccination remains the only robust means of achieving herd immunity.
2. In the US over seven million confirmed infections have occurred to date, yet this represents only a small percentage of that population and no evidence of herd immunity is apparent despite over 200K deaths and untold morbidity.
4. Natural, lasting, protective immunity to the disease would be needed and we don't know how effective or long-lasting people's post-infection immunity will be. Just to find out whether this is possible, would be to consign a great many more thousands of people to their deaths, and many more would be left suffering from the effects of long Covid, which even less is well understood. [If you add together the direct deaths and the indirect ones (130M starve to death, lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden) little or no overall difference -possibly more by not going for herd immunity.]
5. 8% of the UK population has some level of immunity to this novel coronavirus, and that immunity will likely wane over time and be insufficient to prevent a second infection. [1 Independent SAGE report – <https://www.independentsage.org/a-deliberate-population-immunity-strategy-before-a-vaccine-why-it-wouldnt-work-and-why-it-shouldnt-be-tried/>]
6. A strategy for herd immunity would also promote further inequalities across society, for example across the Black, Asian and minority ethnic communities. ["..nobody can deny that COVID-19 has highlighted inequality and instability across a great many aspects of our society. Sadly, focusing on the pandemic rather than the cultures and environments in which it arose ignores long-standing issues in society that existed prior to, and likely long after the pandemic has passed." And, " the signatories are not proposing that BAME or other COVID-susceptible groups be segregated along similar lines."]
7. Ethically, history has taught us that the notion of segregating society, even perhaps with good initial intentions, usually ends in suffering. For want of a better term, the "vulnerable" amongst us come from all walks of life, have families and friends and deserve, fundamentally, to be treated equally amongst society. It is interesting to note that the signatories are not proposing that BAME or other COVID-susceptible groups be segregated along similar lines.

8. even with intensive lockdowns in place, there was a huge excess death toll, with the elderly bearing the brunt of that. [The second wave does not seem to be repeating the same death toll as doctors have learned better to triage and treat the disease]

FOCUSSED PROTECTION

9. It's not very clear how they will carry out their proposed 'Focused Protection'.
[see video 2; focus especially on care homes with more frequent testing of staff and visitors; on older people (>60) in workforce;]
10. we don't yet have the additional 'tools' (the vaccine and antivirals available in dealing with standard influenza say, for COVID-19, to assist with this 'Focused Protection' approach.) [but " The authors have neglected to point out that our ability to treat covid19 is greatly improving due to scientific and medical breakthroughs, a point that strengthens arguments for their policy by reducing the toll of the virus."]
11. It is not possible to fully identify vulnerable individuals* [* another contributor asserted '20-30% of the UK population would be classed as vulnerable to a severe COVID-19 infection'.], and it is not possible to fully isolate them. We haven't properly got to grips with how to shield vulnerable populations adequately. A working description of vulnerability is not given, the Goldacre paper in Nature assigned probabilities, what is the personal score threshold being advocated?
12. and neither do we have the capacity in the UK to test for asymptomatic infections.
[But surely with increased testing we are exactly doing just that discovering +ve cases who have no symptoms?]
13. In scenario grandparent and grandchild which highlights need for older people performing childcare for working parents, doesn't really answer the point that if grandparent shields then who will take the child(ren) to school and care for them afterwards?
14. The declaration also ignores the emerging burdens of 'long COVID'. We know that many people, even younger populations who suffered from an initially mild illness, are suffering from longer-term consequences of a COVID-19 infection. No estimate of the number of deaths or the life changing complications that will result in the lower vulnerability group is made. Whilst these numbers are much lower than in the elderly, they are not zero. [Then share the figures and let adults and parents make up their own minds on risks and cost balance.]
15. little more than an ideology
16. We are all exhausted by the pandemic and are rightly angry at the notion of potentially enduring a second round of local and national lockdowns or other restrictions. However, we must not conflate the failures of certain governments to capitalise upon the sacrifices people make during lockdowns with these measures themselves being ineffective. Policies are enacted by those that govern, are multifactorial in nature, and so do not mean that contributing strategies are themselves flawed. However, the dangers of seizing upon dissatisfaction and political failings to support what amounts to little more than an ideology, runs the risk of inaction and an ensuing limbo of cyclical epidemic waves of infection for the foreseeable future.”
Countries that have forgone lockdown restrictions in favour of personal responsibility and focused protection of the elderly, such as Sweden, were not able to successfully protect the vulnerable population.