Border closures and lockdowns must be banned – Part 1

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This two-part blog post presents the outline of a major missing chapter in public health textbooks. The absence of such educational material has led to deep ignorance in the average public health practitioner about the science, making them participants in the most destructive and harmful peacetime policies ever seen – of border closures and lockdowns.

1. The sanitary movement was against quarantines

Modern public health originated in the early 19th century as an attack on the Medieval practice of quarantine. Its utilitarian founders (Jeremey Bentham, Edwin Chadwick and Thomas Southwood Smith) opposed restrictions on movement, knowing how harmful such restrictions can be.

As explained in a 2017 book, Public Health Law: Ethics, Governance, and Regulation: "The 'sanitary movement', led by Edwin Chadwick, a lawyer, regarded the removal of 'filth' as the means of eliminating disease, such disease being causative of poverty (and hence, instability and unrest). This suggested an entirely different form of regulatory intervention by the state, one that focussed upon environmental improvement rather than quarantining and isolation. In fact, the sanitary idea rested upon an engineering rather than a medical model, whereby construction of efficient sewage and drainage systems, the provision of clean water, and the widening of streets would reduce 'filth' and thus disease."

2. Donald Henderson: Borders never stop even smallpox

Donald Henderson (who passed away in 2016) was undoubtedly the most talented epidemiologist of all time. In 2010 he rejected the idea that border inspections can stop a virus: "this idea that in this day and age one is going to intercept people coming across the border and you're going to stop the spread of the disease is a concept that was antiquated a very long time ago".

He explained – based on his experience in the CDC, USA in the 1960s: "In the smallpox program there were the questions: What do we do about screening people? And this was something we were really deeply concerned about with smallpox. And so, we went into the records rather thoroughly since about 1945. And there are about just under 50 importations of smallpox that could be well-documented.

"And the question is: How many might we have intercepted who might have had just fever or rash? And the fact was none. So, anything we were doing at a border crossing to try to interrupt smallpox coming across the border would have been quite futile.

"I then had some discussions with our CDC colleagues and the quarantine group down there and thought about this. I thought, you know, as I said to them, CDC investigates a lot of different outbreaks, and many of these you can tell which are the first case [the index case], and so forth. It'd be interesting to see how many instances we could identify in which that first individual might have been intercepted coming into the country. And I'm still waiting for one example so far."

Thomas Mack, who had worked with Henderson in the CDC's small pox unit, thinks that he might have had in mind Mack's 1972 paper, "Smallpox in Europe, 1950-1971", published in The Journal of Infectious Diseases. Mack confirmed Henderson's insight in an email to me on 5 April 2023, stating that "border closures will cause more trouble than they help". Mack's paper reports that there were 936 cases of smallpox in Europe in 20 years, which originated from just 41 travelers and 8 other documented sources. Less than half the travelers showed symptoms upon arrival at the border and

therefore obviously escaped detection. For the remainder, we are not told in the paper how severe the symptoms were, but we can assume Henderson's statement of 2010 to be true – according to which not a single such case was able to be stopped at the border.

Henderson himself wrote a paper in 1974 on this topic – for the WHO Chronicle, entitled "Importations of smallpox into Europe. 1961-1973". In that he found 29 importations in Europe which led to 568 cases, most of which then spread at home and in hospitals. His paper states that for a couple of imported cases that came by ship, "control measures" were implemented. Border scrutiny failed to detect the others. Overall, based on these two papers, one can estimate that even for smallpox, well over 90% of the importations slip through any border inspection system. For other diseases (such as covid) the ratio is likely to be well over 99%.

In reality, Henderson had arrived at his insight – about the utter futility of border checks – long before these 1970s papers. In his 2013 book, "Smallpox: The Death Of A Disease", he explained how he managed to stop the closure of the US-Canada border in the face of stupid panic by the Surgeon-General.

He describes a 1963 event that "involved a fourteen-year-old boy who arrived in New York from Brazil and then traveled by train to his home in Toronto. He developed fever while en route, followed by a smallpox rash soon after reaching home. I flew to Toronto and quickly ascertained that the Canadian authorities had done everything necessary. They had isolated the boy, had vaccinated his contacts, and were actively seeking to find anyone else who might have had contact with him.

"I telephoned this reassuring news to the US surgeon general, only to learn that he was about to meet with departmental officials. He said they were on the verge of a decision to close the borders with Canada and to recommend vaccination for everyone who had been in Grand Central Station or on the train to Toronto on the same day as the boy. Some alarmists even argued that the residents of all cities on the train route should be vaccinated as well. I pointed out that the rash had not developed until after the patient had reached Canada. Thus he would not have infected anyone en route because smallpox is not contagious until the rash develops. Did we really need to close the border, I asked—after all, if the case had been in Pennsylvania, we would not consider closing its border with New York. Why close the Canadian border?"

3. Donald Henderson's rejection of large-scale quarantines

While he continued to support well-targeted isolation and quarantine, he opposed the very idea of 'large-scale quarantine' (lockdowns). In a 2006 paper that he co-authored ("Disease Mitigation Measures in the Control of Pandemic Influenza") he wrote:

"There are no historical observations or scientific studies that support the confinement by quarantine of groups of possibly infected people for extended periods to slow the spread of influenza. A World Health Organization Writing Group, after reviewing the literature and considering contemporary international experience, concluded that 'forced isolation and quarantine are ineffective and impractical.' Despite this recommendation by experts, mandatory large-scale quarantine continues to be considered as an option by some authorities and government officials.

"The interest in quarantine reflects the views and conditions prevalent more than 50 years ago, when much less was known about the epidemiology of infectious diseases and when there was far less international and domestic travel in a less densely populated world. It is difficult to identify circumstances in the past half-century when large-scale quarantine has been effectively used in the control of any disease. The negative consequences of large-scale quarantine are so extreme (forced

confinement of sick people with the well; complete restriction of movement of large populations; difficulty in getting critical supplies, medicines, and food to people inside the quarantine zone) that this mitigation measure should be eliminated from serious consideration."

In the next part I look at further evidence to confirm that border closures and lockdowns must be banned.

Border closures and lockdowns must be banned – Part 2

Sanjeev Sabhlok

Continuing from Part 1, let's look at two more facts before examining the implications.

4. Gigi Foster-Sabhlok cost benefit analysis of border closures and lockdowns

On 1 February 2023 I showed how public health has no scientific method to assess the society-wide impact of its non-pharmaceutical interventions. As such, no CBA of lockdowns or border closures was ever conducted by public health before 2020. However, many have been conducted by economists since then.

One of these, the 2022 Foster-Sabhlok CBA of Australia's border closures and lockdowns, shows that the harms from these policies exceed any benefits by at least 68 times (new estimates suggest over 100 times). Further, my (separate) study in 2022 along with Jason Gavrilis shows that lockdowns increased even covid deaths globally. In other words, the 2006 concerns of Henderson against lockdowns were very well founded. Lockdowns and border closures must go.

5. Sunetra Gupta has shown that air travel provides huge health benefits

On 20 December 2020, I wrote that Professor Sunetra Gupta of Oxford University was right to suggest in 2013 that big pandemics are very unlikely in the modern world because of constant international intermingling.

She had said in 2013 that: "Virulent pathogens cannot be the only things we bring back from countries where they've originated. It is more likely that we're constantly importing less virulent forms which go undetected because they're asymptomatic and these may well have the effect of attenuating the severity of infection with their more virulent cousins. After all the oldest trick up our sleeves is, as vaccination goes, is to use a milder species to protect against a more virulent species. Perhaps this is something we're inadvertently achieving by mixing more widely with a variety of international pathogens. .. [O]ur current pattern of long distance movements across the planet reinforces the possibility that we will already have some acquaintance with these new agents of disease".

In 2019 she co-authored an article, "Increased frequency of travel in the presence of cross-immunity may act to decrease the chance of a global pandemic" to elaborate on this crucial insight.

Even as closing national borders is extremely harmful, keeping them open is enormously beneficial. But public health, being ignorant about the lessons from its own greatest scientists, did the exact opposite in 2020.

Let me know consider a few implications.

Question 1: Can permanent border closures stop a virus?

Yes. If we seal the borders of a country and permanently stop all interaction with the rest of the world (people and goods – including things like postal mail) then there will be almost no possibility of transmission of a dangerous virus into the country. In some ways this would resemble the situation in North Korea, but much stricter, since N. Korea still has an airport and some international trade.

Such permanent closure of borders is not an option in the modern world. For virtually no benefit, there are huge harms from such an option – of around 2% to 10% of a country's GDP on a perpetual basis. This would increase poverty and hugely harm health and life.

Question 2: Can permanent border closures eradicate a virus?

No. The virus will continue to exist in other countries where it was originally identified. Virus eradication is an extraordinarily difficult task. No other virus apart from smallpox is considered suitable for eradication. Therefore, permanently closing borders will only cause huge harm without eradicating the virus.

Question 3: What about temporary border closures while waiting for a vaccine?

What if we can find a perfectly effective vaccine within 6 months? In that case shouldn't we close borders for six months and then vaccinate everyone immediately after that?

Unfortunately, not. First, expecting multiple miracles of this sort – that a perfect vaccine can be found, mass-produced and administered to the entire (or vulnerable) population in six months is more in the realm of fiction than reality. There has never been any low-cost effective vaccine comparable with smallpox which brings about an almost complete halt to the disease. And that took around 200 years of work. There is zero chance of any novel virus being eradicated from this planet within six months.

Second, it is highly likely that any such virus would have already entered the country, making border closures utterly useless. Border closures for any duration directly conflict with decades of science.

Question 4: Should we have border checks for viruses?

Almost never. As Henderson showed, border checks will stop almost no virus. Thereafter the virus will spread anyway in the community, in homes, hospitals and across the entire system. Since the probability of stopping a virus at the borders is extremely low, it is almost never a sensible idea to set up border inspections – that cause much harm including creating a sense of panic and hysteria.

Requiring vaccine certificates (if a sterilizing vaccine is available for a particular virus, which prevents any further transmission) could be a potential low-cost option to reduce virus spread, but such perfect vaccines are almost non-existent. Further, some people may not need vaccines or may not want them due to potential side effects, so mandating such certificates would still be uncalled for. At best the vaccines could be recommended.

So recapping Henderson's argument: A strong self-selection effect operates on international air travel. Only those without severe symptoms travel. Some of these might have a virus infection at the gestation stage (e.g. smallpox took around 12 days before a fever emerged). But there is rarely any way to detect early-stage virus (including through PCR tests), so most of these people will go through a border check. True, RAT tests were used during covid to reduce this pass-through rate but that merely leads to costly over-detection, since around 99% or more of those detected will experience absolutely no harm even as many others with the virus would go through anyway.

A small proportion of those carrying a virus might develop mild symptoms on the day of their arrival. But then two things happen. First, everyone knows that a mild fever can be suppressed by a paracetamol tablet taken two hours before landing. Second, many diseases at their early stage mimic symptoms of common cold or mild bacterial disease (e.g. laryngitis). "Catching" everyone who has coughed at the checkpoint, for example, will lead to a vast number of false positives – harmless "patients" who clog up the quarantine system.

Since border controls never stop a virus, it is far more sensible to isolate any serious patients found in the community than to undertake these costly, futile border gymnastics.

Question 5: Is there any way for lockdowns to become a sensible option?

Absolutely not. The idea of limiting the movement of millions of otherwise healthy people imposes vast costs on society, even as lockdowns do absolutely nothing to stop the spread of a virus – instead, as we have seen with covid, they usually increase its spread. Eradication is of course an impossibility. My CBA with Gigi Foster shows that lockdowns make things worse in ways too many to even list, therefore these must be banned outright.

Conclusion

The deep ignorance of most public health practitioners about their own science and the lack of a scientific method (CBA) to assess the impacts of their policies, has meant that since 2020, public health has caused more harm than all the benefits combined, that it ever created. Border closures and lockdowns are absolutely futile and extremely harmful and must therefore be banned outright. Border screening must also be scrapped. And there are implications for contact tracing which I'll address separately.

ADDITIONAL NOTES

The books that I'm working on (at ph.sabhlokcity.com) will contain many other proofs of why lockdowns must be banned. Any good public health textbook should include all these and related matters in sufficient detail, so that students in the future come out with a clear understanding of the strengths and limitations of public health. My books contain (and will have far more evidence listed as time passes) information on many relevant issues including:

- History of lockdowns
- Reviews of lockdowns which have always found that lockdowns do not work and often found that lockdowns increase the disease (targeted isolation/quarantine is effective)
- A fuller list of CBAs of lockdowns, all of which show (except some very poorly done CBAs in the early months of covid) that lockdown harms greatly exceed any benefits
- The utter uselessness (and dangers) of human rights and ethics – being malleable and therefore used to justify all kinds of harmful interventions. The Pope justified covid atrocities. Hitler talked about morality all the time and the Germans agreed he was a highly moral person.
- The great dangers of epidemiological models – why people/media will always gravitate towards the worst-case scenarios and cause great harm to themselves.

Illustrative questions that students can be asked in their exam

1. Summarise the history of lockdowns
2. Explain why border inspections cannot stop a virus
3. Explain why border closures cannot eradicate a virus
4. Summarise the findings of the major CBAs of lockdowns conducted during the covid period
5. Explain why a CBA is the only scientific tool that public health should have to assess the impacts of its interventions. In this regard, explain why human rights and ethics are utterly useless and dangerous, and therefore must be banned from the field of public health.
6. Explain why epidemiological models are dangerous and must be banned.