

Social distancing and focused protection don't work

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On [6 March 2020](#) I wrote about age-based risk management of coronavirus in which I argued that “working from home is particularly important for those above 60”. In my [24 March 2020](#) article I explained that “lockdowns won't defeat the virus but will definitely destroy us all”. Instead of lockdowns, I recommended the “isolation of the elderly”.

Many others, including eminent scientists, expressed dismay at the lockdown policy which, as I have shown through a cost-benefit analysis (CBA), has been hugely harmful. I was also not the only one calling for the isolation of the elderly. The Great Barrington Declaration of 4 October 2020 said that we should “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”. The Declaration scientists call this “focused protection”, others call it cocooning.

Three years later, while it is clear that we should never have locked down, it is also clear that isolating the elderly was a really bad idea. The reasons why border closures and lockdowns are a bad idea also apply to focused protection. But also, we now know that masks are harmful. Thus, there is no benefit, only harm, from social distancing and focused protection.

1. Recapping why border closures and lockdowns don't work

Let me first recap the reasons I discussed on [6 April 2023](#) and [10 April 2023](#) to explain why border closures and lockdowns are porous. During the late gestation period of a virus and during the early stages of symptomatic disease, a virus can find a window of transmission. Information about the existence, duration, and nature of this “window” is, however, both uncertain and hidden from the world. This means that – as Donald Henderson showed – border checks or closures cannot stop even smallpox.

Once a virus enters a country, any further internal borders in the form of lockdowns face the same issues that international borders face, and are therefore futile. Moreover, as Prof. Paul Frijters of the London School of Economics explained on 6 April 2023, in modern society – unlike in a hunter-gather society – people need to visit shops during lockdowns to buy food; and some of them need to visit doctors and hospitals. Lockdowns ~~as~~ are therefore at least as porous as borders.

2. The idea of masks has failed

On 30 January 2023, a Cochrane review noted that the “pooled results of RCTs [of masks] did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks. There were no clear differences between the use of medical/surgical masks compared with N95/P2 respirators in healthcare workers when used in routine care to reduce respiratory viral infection”.

On 10 March 2023, the Cochrane Editor-in-Chief clarified, “the review examined whether interventions to promote mask wearing help to slow the spread of respiratory viruses, and that the results were inconclusive”. The fact is that RCT studies, combined, have failed to demonstrate any statistically significant effect of masks.

Gavrilis

But it gets worse. My 2022 econometric study with Jason ~~Gavrilis~~, based on an Oxford University global database, found that the use of masks (along with lockdowns) increased covid deaths, even controlling for a number of other factors. Masks thus don't reduce virus deaths but can increase them. Plus, there are a multitude of well-documented harms from mass. A CBA of masks is therefore sure to be extremely negative.

3. Social distancing and focused protection

With borders, lockdowns and masks being porous, it is only a matter of time that a respiratory virus like covid will spread to everyone. Essential workers (Police, health, Emergency and retail workers) unwittingly ferry the virus across markets and hospitals, as do ordinary people who catch it in these venues, to their own homes. Imagine bees who visit flowers and carry the pollen home.

That is why social distancing can't work, because people in modern society need to interact. This also implies that focused protection or cocooning – which are mini-lockdowns with extreme social distancing – can't work. The elderly might not go shopping but they have carers who provide them with food and medicine, and assist them to the toilet or take them outside to get sunlight. Moreover, the elderly need doctors and often visit hospitals. Wearing a mask doesn't help at any stage.

Consequently, much needless harm has been caused by the focused protection strategy. A 6 December 2021 paper in Med Law Review by Maaayn Sadai reported that "Many healthcare facilities in the US and elsewhere adopted 'No-Visitor Rules' in an effort to contain the virus, but these rules mean that the countless people in nursing homes and hospital wards were isolated during their final hours of life". Innumerable, heart-rending visual images exist of the elderly being forced to meet their children from behind a window or wrapped up in plastic.

Society might still be willing tolerate this inhumane practice for a short period if it helps. But it doesn't. The virus spread rapidly to aged care centres across the world. Even after the vaccine was found, there was no relief because covid vaccines don't stop transmission.

Some people might still insist that tight restrictions for the elderly do, ever so slightly, reduce their chance of getting the virus. That's true. But over the course of sufficient time, there is no way to stop the elderly from getting exposed. The only thing protecting the elderly at that stage is their own immune system or a vaccine when it becomes available – but even vaccines can't stop death in persons who are sick or well over the age of 80. While extreme restrictions might extend the life of the extremely sick elderly by a few weeks, the social isolation and mental torture involved in focused protection can speed up their death, and must therefore be weighed against any small benefits.

In my 6 March 2020 article I wrote that my recommendations must be subject to a CBA. While most of my recommendations have passed the CBA test, three have conclusively failed: social distancing, focused protection and masks. Based on information compiled over the past three years, we need to not only ban border closures and lockdowns but also masks, social distancing and focused protection. Else we'll end up torturing and harming billions of people in the future.

4. A new social compact

As a species that has transitioned away from hunting and gathering, we need to internalise a new social compact according to which science enables us to live to 80 years and beyond but we cannot also expect to achieve the kind of isolation from ordinary respiratory viruses that a hunting-gathering society provides. We can't have our cake and eat it, too. Trying in modern society to isolate ourselves from respiratory viruses is a dangerous delusion, the Delusion of Isolation.

Even on respiratory viruses, modern society provides us with a huge, albeit grossly under-appreciated, health dividend. As Professor Sunetra Gupta has shown, global air travel bolsters our immune system. Instead of appreciating the blessings of modern society, if we panic and try to stop death at all costs, if we push false, harmful "remedies" in our unscientific delusions, we will end up not only shortening our lives but living the last years of our life in solitary confinement, dying a desolate, lonely death.