作为流行病学家和公共卫生科学家，我们对现行的疫情政策对身心健康的破坏性影响深表关注，并建议采取一种我们称之为“针对性保护”的办法。

As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

我们来自世界各地和左右派阵营，我们奉献自己的职业生涯来保护人民。目前的封锁政策对公众健康正产生短期和长期破坏性的影响。其后果（仅举几例）包括：儿童疫苗接种率降低、心血管疾病管理恶化、癌症筛查减少和精神健康恶化。这些会导致未来几年死亡率猛增，而工薪阶层和年轻人的负担最重。让学生不能返校上学，是一种巨大的不公。

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include 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. Keeping students out of school is a grave injustice.

在疫苗问世之前继续采取封锁措施将造成不可挽回的损失，而首当其冲的是弱势群体。

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

幸运的是，我们对新冠病毒的认识在不断加深。我们知道年老体弱者感染新冠病毒死亡的几率比年轻人高一千多倍。事实上，对于儿童来说，新冠病毒的危险性要低于包括流感在内的许多其它危害。

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

随着人群中免疫力的增强，包括年老体弱者在内的所有人被感染的风险都会降低。我们知道，人群最终会达到群体免疫，即新的感染率稳定下来。这可以借助疫苗来实现（但不依赖于疫苗）。因此，我们的目标应该是最大限度地降低死亡率和社会危害，直至达到群体免疫。

As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. 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.

在达到群体免疫前，最具同情心并权衡利弊的办法，是让那些死亡风险最小的人过正常的生活。让他们通过自然感染，建立对病毒的免疫力。同时，更好地保护那些风险最高的人。我们称之为重点“针对性保护”。

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

采取措施保护年老体弱者，应该是公共卫生部门应对新冠疫情的核心目标。例如，养老院应该用已获免疫力的工作人员，并对其他工作人员和所有来访者进行频繁的PCR检测。应尽量减少工作人员的轮换。居住在家的退休人员，应让人将食品和其它必需品送至家中。若情况许可，他们应该在室外而非室内与亲人会面。全面而详细的措施清单，包括针对多代家庭的办法，是可以实施的，而且完全在公共卫生专业人员的范围和能力之内。

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent PCR testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

不易受新冠病毒伤害的人，应立即让他们恢复正常生活。每个人都应实行简单的卫生措施，如洗手和生病时呆在家里，以降低群体免疫的门槛。学校和大学，应该开放面授，恢复体育等课外活动。低风险的年轻人，应该正常工作，而不是在家工作。餐馆和其它行业，应该开门营业。艺术、音乐、体育和其它文化活动，应当恢复。风险较大的人，如果他们自己愿意，也可以参加这些活动，而整个社会则可以享受到建立了群体免疫的人对易感者的保护。

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

2020年10月4日，本宣言由以下人员在美国大巴灵顿起草并签署：

**Dr. Martin Kulldorff**, professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations.

**Dr. Sunetra Gupta**, professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases.

**Dr. Jay Bhattacharya**, professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations.

https://sciowl.org/2020/10/04/the-great-barrington-declaration/