

# Governments Switched From ‘Flatten the Curve’ to ‘Lockdown Until Vaccine’

In the early days of the COVID-19 panic – back in mid-March – articles began to appear pushing the idea of “flattening the curve” (*The Washington Post* ran an article called “Flatten the Curve” on March 14). This idea was premised on spreading out the total number of COVID-19 infections over time, so as to not overburden the healthcare infrastructure. A March 11 article for *Statnews*, [summed it up](#):

“I think the whole notion of flattening the curve is to slow things down so that this doesn’t hit us like a brick wall,” said Michael Mina, associate medical director of clinical microbiology at Boston’s Brigham and Women’s Hospital. “It’s really all borne out of the risk of our health care infrastructure pulling apart at the seams if the virus spreads too quickly and too many people start showing up at the emergency room at any given time.”

In those days, it was still considered madness to suggest outlawing jobs for millions of Americans or “shutting down” entire national economies in an effort to “flatten the curve.” Thus, the article lists for more moderate mitigation strategies:

“By taking certain steps—canceling large public gatherings, for instance, and encouraging some people to restrict their contact with others—governments have a shot at stamping out new chains of transmission, while also trying to mitigate the damage of the spread that isn’t under control.”

What we got, of course, was something much more far reaching, radical, and disastrous for both the economy and for [long-term health problems](#).

For the next two weeks or so, governments mostly sold the idea of forced social distancing as a measure to “flatten the curve” and the phrase began appearing everywhere in social media, media publications and government announcements.

Many people found this message reasonable enough, especially when coupled with claims that hospitals and governments would seek to buy up large numbers of ventilators and expand capacity with temporary hospitals. This flatten-the-curve narrative persisted for two weeks or so, but at some point in late March and early April, the narrative switched to something new.

The *new* narrative was this: the death toll will simply be too gruesome and unbearable to allow people to continue on with some semblance of an ordinary life. So, we must keep society locked down indefinitely until a vaccine is found or until there can be enough testing and tracking of infections among the entire population. Until then, only minimal “essential” activities will be allowed. This could last eighteen months, or two years, or more. And even then, there will need to be “[COVID passports](#)” and official freedom-to-work documents issued by governments. The future is one in which every move must be controlled and monitored to prevent the spread of this disease.

Thus, on April 2, one of the lead bureaucrats on the White House’s COVID-19 advisory commission insisted that mandatory social distancing [could not be eased until further notice](#):

“If we get to the part of the curve where it goes down to essentially no new cases, no deaths for a period of time, I think it makes sense that you have to relax social distancing,” he added. “The one thing we hope to have in place, and I believe we will have in place, is a much more robust system to be able to identify someone who is infected, isolate them, and then do contact tracing.”

Similarly, former presidential advisor and physician Ezekiel Emmanuel [flatly stated](#) that there is “no choice” but to stay locked down indefinitely:

“Realistically, COVID-19 will be here for the next 18 months or more. We will not be able to return to normalcy until we find a vaccine or effective medications. I know that’s dreadful news to hear. How are people supposed to find work if this goes on in some form for a year and a half? Is all that economic pain worth trying to stop COVID-19? The truth is we have no choice.”

This messaging was used at the state level as well. On April 9, for example, the Hawaii Department of Education [announced](#) that all “public schools are expected to stay shut until COVID-19 is no longer spreading in the community, defined as four weeks with no new cases.”

Needless to say, such a situation is unlikely to happen any time that’s soon enough to save Hawaii from an economic implosion.

Similarly, in Colorado, [during an April 1 briefing](#), Governor Jared Polis stated that when it comes to COVID-19 his policy is “stamping this out,” and claimed that mandatory social distancing could not be eased until total cases were falling.

This switcheroo on the reason for the lockdowns was a great victory for the World Health Organization (WHO). Already by early March, some WHO officials had come out in favor of the Chinese approach of draconian lockdowns imposed by the Chinese police state and surveillance state. As [noted by Statnews](#), Mike Ryan, the head of the WHO’s health emergencies program, embraced the Chinese “containment” strategy and denounced flatten-the-curve style “mitigation” strategies as “counterproductive.”

Perhaps not surprisingly, by early April we had leading national figures in the US insisting that China-style

lockdowns were the only way to deal with the disease. “Flatten the curve” was still used as a slogan, but its meaning had changed.

## Early May: Back to the Old Meaning of “Flatten the Curve”

By early May, it was clear that the “containment” strategy was failing since, in the United States at least, few elected officials were prepared to stomach the idea of keeping their economies locked down until a vaccine appeared or until new cases disappeared completely. After all, as unemployment numbers skyrocketed and [state and local government budgets cratered](#), “lockdown until vaccine” didn’t seem like such a viable strategy anymore.

Indeed, two weeks earlier, the Hawaii Department of Education had already abandoned its declaration about the need for no new cases with the Department director backpedaling furiously and [stating](#):

“We would expect to be living with COVID-19 for a long time, and to have to wait for the last case to have occurred and another 28 days probably is not going to happen, so I believe that was really a placeholder.”

By late April, numerous states governors and municipal officials were discussing ways to scale back their lockdowns. Many governors and mayors nonetheless continued to claim they would not allow any easing of lockdowns until cases began to decline, or until testing became widespread. Neither of those things have happened, yet governments have already begun to significantly loosen lockdowns. In many states, total deaths have plateaued, but show no sign of disappearing.

# The Sweden Model Is the Future

“Flatten the curve” remains a popular goal among policymakers, but now we’re back to the old definition: fear remains that hospitals and healthcare personnel will be overwhelmed. The preferred political solution lies in both continuing to encourage social distancing and in prohibiting larger gatherings. But the idea that everyone will sit at home until a vaccine is found has at the moment fallen out of favor except in the most dogmatically leftist areas. Hard-left activist Matthew Yglesias, for example, [complains](#) that flattening the curve “isn’t good enough.”

Indeed, the Chinese-style containment strategy has failed so completely, even the WHO has abandoned it. The WHO now endorses the Swedish model, which is a model based on increasing healthcare capacity while relying primarily on voluntary social distancing. The *Financial Times* [reported on April 29](#):

“The World Health Organization has defended Sweden’s approach to tackling Covid-19, saying it has implemented “strong measures” to tackle the virus...

“The director of the WHO’s health emergencies program said on Wednesday there was a perception that Sweden had not done enough to contain coronavirus, but “nothing could be further from the truth”. Sweden has put in place a “very strong public health policy”, Mike Ryan said, but unlike many other countries has chosen to rely on its “relationship with its citizenry” and trust them to self-regulate.

“Its healthcare system has not been overwhelmed, he said, adding that its approach could be a “model” for other countries when lockdowns begin to relax.”

In other words, the containment strategy favored by Fauci and

Emanuel is dead (for now). Fear that healthcare resources will be overwhelmed in the future remains. But although it has not happened by design, the US is moving toward a Sweden model.

Nonetheless, one is still likely to encounter rabid “COVID Warriors” on social media who think that interminable lockdowns will (somehow) significantly reduce the overall total deaths from COVID-19. But it is becoming increasingly clear such a scenario is wishful thinking.

In [a new article posted at \*The Lancet\* on Tuesday](#), Swedish infectious disease clinician Johan Giesecke writes on how lockdowns don’t really reduce overall total deaths, and that when it’s all over, non-lockdown jurisdictions are likely to have similar death rates to lockdown areas:

“It has become clear that a hard lockdown does not protect old and frail people living in care homes—a population the lockdown was designed to protect.

“Neither does it decrease mortality from COVID-19, which is evident when comparing the UK’s experience with that of other European countries.

“PCR testing and some straightforward assumptions indicate that, as of April 29, 2020, more than half a million people in Stockholm county, Sweden, which is about 20–25 percent of the population, have been infected (Hansson D, Swedish Public Health Agency, personal communication). 98–99 percent of these people are probably unaware or uncertain of having had the infection; they either had symptoms that were severe, but not severe enough for them to go to a hospital and get tested, or no symptoms at all. Serology testing is now supporting these assumptions.

“These facts have led me to the following conclusions. Everyone will be exposed to severe acute respiratory syndrome coronavirus, and most people will become infected. COVID-19 is spreading like wildfire in all countries, but

we do not see it—it almost always spreads from younger people with no or weak symptoms to other people who will also have mild symptoms. This is the real pandemic, but it goes on beneath the surface, and is probably at its peak now in many European countries. There is very little we can do to prevent this spread: a lockdown might delay severe cases for a while, but once restrictions are eased, cases will reappear. I expect that when we count the number of deaths from COVID-19 in each country in 1 year from now, the figures will be similar, regardless of measures taken.”

Will Giesecke be proven correct? We’ll find out.

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