

## Lockdown Mania, Winter Phase

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New Mexico, along with many other states, is going into lockdown.

“The rate of spread and the emergency within our state hospitals are clear indicators that we cannot sustain the current situation without significant interventions to modify individual behavior,” Gov. Michelle Lujan Grisham is quoted in her office’s press release.

“The public health data make clear,” the governor asserts, that “more aggressive restrictions are not only warranted but essential if we are to prevent mass casualties. Without the compliance and cooperation of New Mexicans statewide, we do not need to imagine the bleak public health calamity we will face — the images



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from El Paso the last few weeks, from New York City earlier this year, and from Europe at the outset of the pandemic will be our fate in New Mexico.”

The report from *The Hill* did not interrogate the claims, just repeated the planned massive intervention and accepted the statements as fact.

Contrary to all this assertion, the evidence that

lockdowns help remains worse than murky. European states that locked down tightly early in the year are experiencing this second or third “wave” worse than those that did not go full-on “mitigation.” The classic case is Sweden, which infamously resisted lockdown mania. Using the best test of success, “excess mortality,” Sweden is doing remarkably well.

Sweden’s a problem for lockdowners, who avoid fair comparisons and . . . are devoted to spin. On the same day, *Business Insider* and Reuters covered the same story, with these headlines:

Sweden has admitted its coronavirus immunity predictions were wrong as cases soar across the country.

Second wave, same strategy: Swedish COVID-19 czar defiant despite surge.

Meanwhile, a controlled study of lockdown mitigations using obedient Marines found: quarantines don’t control the spread of the disease.

Nevertheless, politicians seem hellbent on lockdowns, something they know how to do . . . whether it helps or not.

This is Common Sense. I’m Paul Jacob.