CHINA'S POLICY RESPONSES TO THE CORONAVIRUS PANDEMIC

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Abstract: To date, the total number of diagnoses with Covid-19 all over the world has reached 488 million and the number of deaths has reached 6.14 million. In this article, after making it clear my points of view about China's measures on the pandemic, I will develop the arguments in detail through replying to the questions of (1) Is there really no other choices besides "living with Coronavirus?" (2) Is it really unnecessary to keep the "Zero Covid" policy? (3) Is the "Lying Flat" policy really useful? I will answer the above three questions by comparing Mainland China's policy with China's Hong Kong SAR and some other countries' responses to the fifth wave of the pandemic.

Keywords: Covid-19, Health Policy, Zero-Covid, Herd Immunity, China

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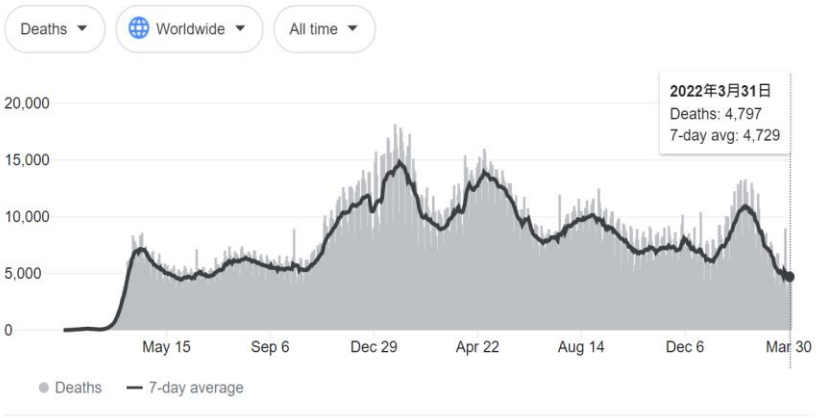
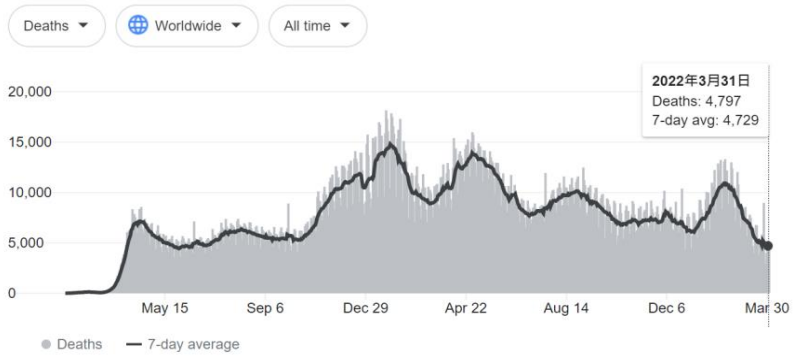
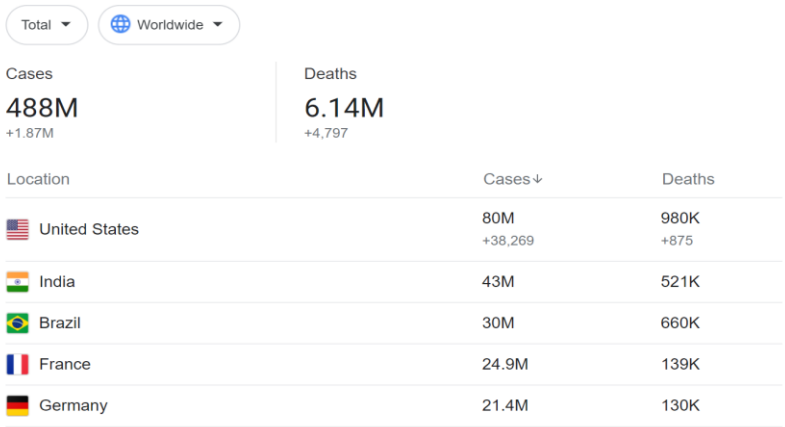
INTRODUCTION

To date, the total number of diagnoses with Covid-19 all over the world has reached 488 million and the number of deaths has reached 6.14 million. The United States, which has the most severe situation, has 80 million infections and 980,000 deaths now.







(Data Source: Our World in Data, website: https://ourworldindata.org/. The following information from this database is referred to only as Our World in Data)

In China, where the coronavirus was firstly discovered[1], because the scientific and effective measures were strictly enforced by the government, in addition to the early stage of the pandemic and the recent fifth outbreak caused by Omicron, the Chinese got the freedom from fear of infecting Covid-19 and can maintain a normal living, working and studying rhythm. The second and third waves of the pandemic had minimal impact on China, while the fourth wave (Delta) only impacted parts of China (Xi'an was the most serious hit one). Although the current fifth wave has had a great impact on Jilin Province, Shanghai, and Hong Kong, it has not spread to the whole country and is still under control.

Since this article is about an urgent issue nowadays, I will not discuss theoretical discussions and will point out personal views at first, and give brief arguments one by one.

First of all, before the Omicron variant appeared, it was quite correct for China to adopt a dynamic Zero-Covid policy, which has been proved by its results. If other countries had adopted similar policies in 2020, the pandemic would have been eradicated long ago. It is the inaction of some countries' governments such as the United States and the United Kingdom in the early stage of the pandemic that lead to the large-scale spread of the coronavirus, and it has created artificial conditions for the emergency of all kinds of variant strains. Even if the pandemic prevention policy is to be discussed today, we must clearly affirmed that, rather than advocating that the so-called "herd immunity" type of inactivity policy should be adopted from

[1] The reason to say "was discovered" rather than "originated", is that China has established a special mechanism for the detection and prevention of coronavirus after the SARS in 2003, while other countries are likely to treat patients with coronavirus as normal flu because of the lack of the similar mechanisms. In fact, after the outbreak, many countries' testing kits were provided by China. When the pandemic broke out, Christine Loh of Hong Kong was a visiting professor at the University of California. She mentioned that nearly two months after the outbreak, the United States still lacks basic testing supplies severely. For example, on February 29, California Governor Newsom said that California only had 200 test kits: "It made us terrified, why does there exist so few test kits in such a developed city?" She also mentioned that doctors in Paris looked at earlier cases and discover that one patient was diagnosed with a disease on December 27, which is called Covid-19 nowadays. This means that the virus has been spreading in Paris for some time. Doctors reported the situation to the country's health administration, but France did not report it to the WHO. Refer to Christine Loh: "Sometimes it stays the same for decades, and sometimes it turns upside down in a few weeks" which can be seen in Leijie Wei,*Waiting for Dawn: 21 Diaries From 16 Covid-19 Frontlines*, published by *Contemporary World Society*, 1st edition, October 2020 (This book is worth reading). In fact, China always supports the WHO-led investigation into the origin of the coronavirus, while the United States has refused to cooperate and has repeatedly proposed investigations that circumvent the WHO and target investigation motion of China.

the beginning. The British government completely denied that it intends to implement the "herd immunity" policy just after suggesting to adopt it a few days. Besides, the *House of Commons inquiry report of 2021* also criticized the British government intensely for being too lenient at the early stages of the pandemic (instead of "herd immunity"), which is regarded as "a complete failure of public health policy". Boris Johnson would never have imagined that there are still his supporters in the far east.

Secondly, after the emergence of the Omicron variant with a stronger spread ability and higher invisibility, should the dynamic Zero-Covid policy be adjusted in time and replaced by a more flexible and less impactive one? The proposal to change the current dynamic Zero-Covid policy is mainly for two reasons. On the one hand, there is no choice. The super-transmissibility of Omicron makes precise prevention and control impossible, and the rise of a large number of asymptomatic infections makes the investigation of patients incomplete and impenetrable. Since less than one hundred points equal zero points, it is better to "lie flat". On the other hand, it is unnecessary. Although the Omicron is super-transmissible, the severity of the disease is weaker than the original strain and the previous variant, and it is mainly an upper respiratory tract infection rather than pneumonia, just similar to influenza. It is obviously not a wise choice to prevent the flu at such a high price. There is also an auxiliary argument: other countries have loose policies and nothing bad happened. Such as "the UK has 200,000 new cases in a day, and people's lives are as usual", and "Vietnam has followed the steps of the world and achieved coexist with the virus". It is worth noticing that in the previous rounds of pandemics (such as the Zhengzhou and the Xi'an), the mainstream opinions accused the local government of being inefficient in virus prevention and failing to implement the dynamic Zero-Covid policy. The local government should learn from Shanghai, and all of us can see how well Shanghai's precise prevention and disease control is. When Shanghai faced the test of the pandemic, more and more views advocated giving up the Zero-Covid policy. This is a question worth thinking about, but not the main point of this article. In the following, I will answer: (1) Is there really no choice? (2) Is it really unnecessary? (3) Is the "Lying Flat" policy really useful?

Thirdly, due to the globalization of the pandemic, different countries and regions have made different responses based on their constitutional structures and political choices, and the consequences of these responses have also been tested by the results. The analysis of these data can save the cost of trial and error. We can no longer agree with those choices that have been proved wrong by the vivid survival test out of value identification. For those options that are effective at some stages of the pandemic, we can also see if they still work after the Omicron variant. In the following section, I will answer the above three questions with foreign experiences, as well as the situation of Hong Kong's response to the fifth wave of the pandemic.

I. IS THERE REALLY NO OTHER CHOICE?

In fact, there was one country that made a choice in the early stages of the epidemic on the grounds that there was "no other choice", it is the UK. This choice was characterized as "a policy approach of fatalism" in *the House of Commons inquiry report of 2021*. It is

characterised by “attempts to manage rather than contain the infection”. This policy choice to target “herd immunity” was very harshly criticised in the report as a “complete public health policy failure” that led to the UK missing the best time to control the outbreak.

Virtually, even the British government itself, which proposed “herd immunity”, knew that such a “survival of the fittest” and “self-perpetuating” social Darwinist policy would cause public outrage. So the government withdrew it soon after it was proposed, and denied on numerous occasions that it has attempted “herd immunity”. However, the British Parliament was clearly not fooled by the rhetoric and believed that Boris Johnson's cabinet did indeed have “herd immunity” as a policy objective in the early days of the epidemic.

In a televised speech on 12 March 2020, Prime Minister Johnson called on every Briton to “be prepared to lose their love”. The whole tone of the speech was that it was impossible to try to eradicate the coronavirus completely and that the epidemic would be long-term. It would be better to try to live with the virus from the beginning rather than to pay a huge price to eradicate it in vain. More systematically, Sir Patrick Vallance, the UK government’s chief scientific adviser, said that the epidemic will be long-term and that drastic control measures are likely to be effective for a few months. Once these measures are removed (and in his view they will be, as no country can afford the economic and social costs of taking them for a long time), the epidemic will return. Premature and drastic measures will lead to “behavioural fatigue” and a loss of vigilance and the ability to deal with another outbreak. He cited a seemingly scientific concept called behavioural fatigue, which means that if tougher measures are taken at the beginning, people will become fatigued after a while. Later, if a similar outbreak occurs again, people will be significantly less sensitive to the outbreak and less receptive to control measures, which making control increasingly difficult. Given that the coronavirus will only cause less severe symptoms in young and healthy people, the government should protect vulnerable populations (such as those over 70 years of age) and then allow the rest to live as usual. Until about 60% of the population has been infected with the coronavirus, herd immunity will develop.

The plan has aroused almost unanimous criticism from the global medical community. Yale virologist Akiko Iwasaki argued that the normal thinking should be to gain immunity through a vaccine, not through infection with a potentially deadly virus. With a little simple arithmetic, it takes 60% of the population to become infected to develop herd immunity, and in the case of the UK, that number is 36.89 million. Based on what was generally considered lethal at that time (1.4%), this would mean 520,000 people would die as a result of infecting the coronavirus. In addition, over 500 behavioural scientists signed a joint letter questioning the scientific validity of the concept of “behavioural fatigue” and demanding that the UK government publish the basis for its decision. The UK government was quick to deny that they were adopting the herd immunity. The UK Health Secretary, Matt Hancock, clarifying on 15 March that “herd immunity is not our policy objective”.

The British strategy is a social Darwinist one, reflecting a notion of survival of the fittest. Bill Hennecke, a British epidemiologist, who works at Harvard University, said: “Who do you

think is going to take care of the elderly who are 'protected'? Well-trained gibbons? The very people who look after them are the ones you think should be released to go out and infect the virus." This policy only talks about protecting the elderly but fails to consider the appropriate accompanying measures to actually protect these vulnerable populations.

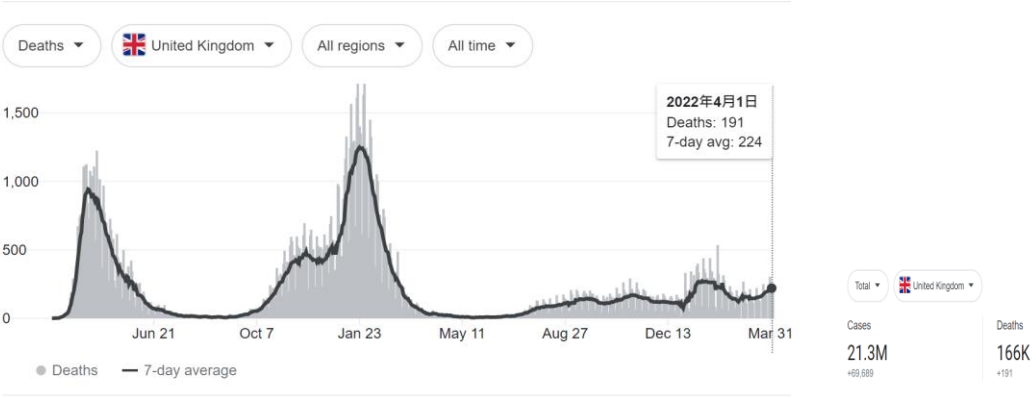
It is common sense in public health that when an epidemic has started to become a pandemic, it is imperative to slow down the spread of the epidemic so that new cases are kept within the reach of health care resources and do not cause a "run on". This is the meaning of what is often referred to in the field of epidemic prevention as "levelling the curve". Each country should adopt the standard measures recommended by public health science, including universal quarantine, tracing contact history of confirmed patients, quarantine measures, closure of public places where people gather, prohibition of mass gatherings, and guidelines for maintaining personal hygiene and social distances. The reason behind the sudden introduction (and swift denial) of the "herd immunity" strategy in the UK, at a time when countries around the world are taking these measures, is that the UK has been cutting NHS funding and staff for years, resulting in a severe shortage of public health resources. The majority of patients are required to be isolated at home, and those who are critically ill are unable to access emergency care and are forced to abandon treatment.

In spite of this, the British government has been unable to lie flat in the face of the social problems caused by the outbreak and has had to react intermittently to the serious consequences of its inaction. The British government imposed three times of national lockdown on 26 March 2020, 5 November 2020 and 6 January 2021. On the day before the first 'lockdown', the Queen sealed the Coronavirus Act 2020 passed by Parliament, making Britain the first country in the world to legislate specifically for the coronavirus.

Timeline of epidemic prevention measures in the UK

(Data source: The Institute for Government, https://www.instituteforgovernment.org.uk/sites/default/files/timeline-coronavirus-lockdown-december-2021.pdf)

But this strategy of lying flat as the aim and responding passively as the exception has failed miserably, leaving the UK "fall between two stools" and with very serious consequences. To date, the total number of diagnoses in the UK has reached 21.3 million (32% of the UK population) and the number of deaths has reached 166,000, with a daily average of 224 deaths in the last week. It is clear that the goal of "herd immunity" is not being achieved and many people who have been infected with coronavirus are being re-infected, including Prince Charles. The UK's recent strategy of lifting all restrictions on epidemic prevention is just another show of "resignation" in the face of the fifth wave of the epidemic. But it clearly hasn't been "good enough". Moreover, with a mass-infected population as a 'petri dish' for the virus, mutated and recombinant variant viruses continue to thrive here, posing a danger to people in other parts of the world. For example, the earliest variant of the coronavirus, Alpha, was generated in the UK, and the more recent recombinant variant, XE, was also generated in the UK. A recombinant variant strain is one in which a person is infected with two or more variants at the same time and the genetic material from these variants is mixed in the infected person. XE is a mixture of Omicron BA.1 and BA.2[2]. This recombinant strain is far more infectious than the current Omicron and has been classified by WHO as a new variant should be closely monitored.



(Data source: Our World in Data)

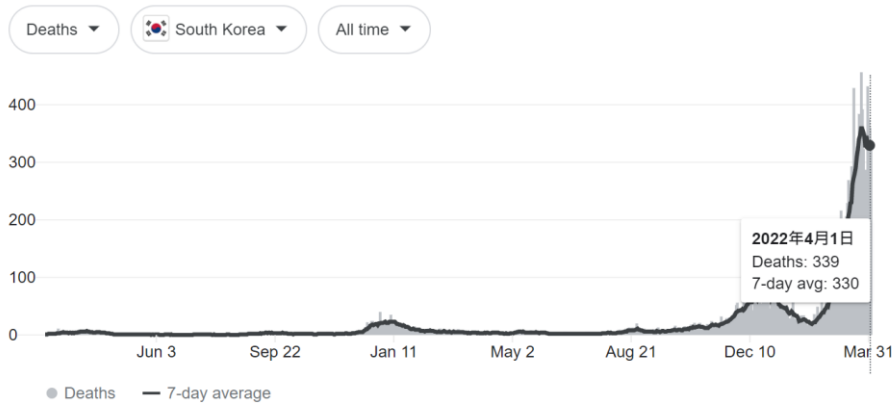
The path of fatalism is a path of no return. The powerlessness of the present is a continuation and accumulation of the powerlessness of the past. Once lie flat, it is difficult to get up again. Moreover, in a community of human destiny, a country lying flat in the face of

[2] UK Health Security Agency, SARS-CoV-2 variants of concern and variants under investigation in England Technical briefing 39, 11 March 2022, SARS-CoV-2 variants of concern and variants under investigation in England Technical briefing 39.

the epidemic not only puts its own people at risk, but also endangers other countries, including those that have served as models in the fight against the epidemic.

II. IS THE DYNAMIC ZERO-COVID POLICY REALLY UNNECESSARY?

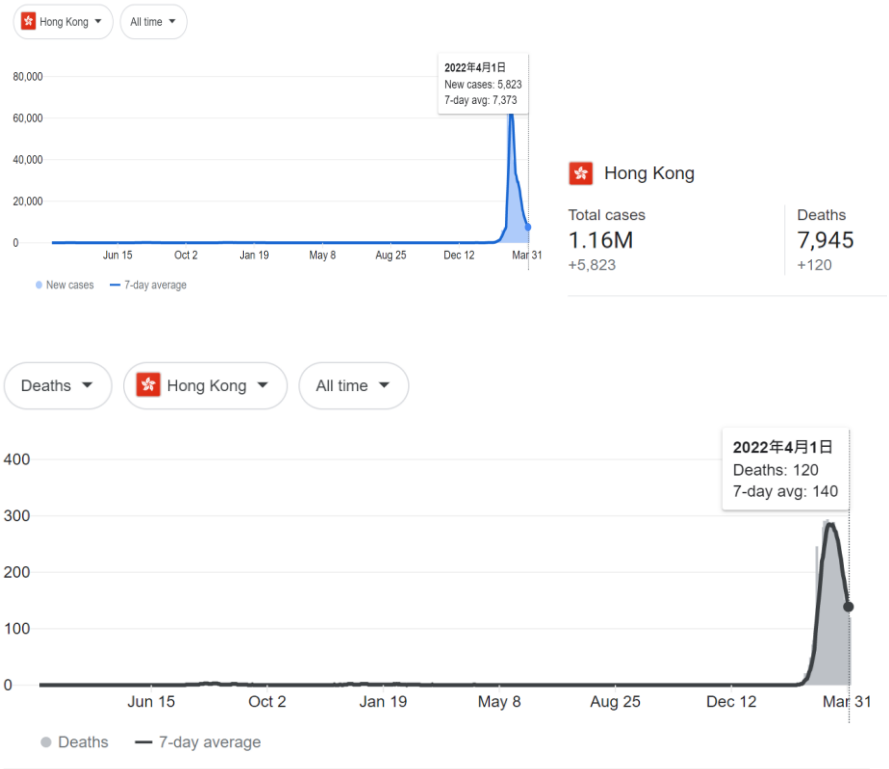
Before the emergence of Omicron variant of the coronavirus, South Korea's epidemic prevention policy was mainly a three-step process, "detection, tracking and treatment", namely tracking contacts, keeping social distance and isolating diagnosed patients, which was quite effective before the prevalence of Omicron variant. However, in order to keep up with the pace of European and American countries, the South Korean government eased the epidemic prevention restrictions at the beginning of this year. Combined with the influence of Omicron, the number of newly infected people in South Korea has remained at more than 100,000 every day since February this year, and more than 300,000 in recent weeks, reaching 620,000 on the highest day (March 17). By March 30, the total number of confirmed cases in South Korea had reached 12,774,956, which was close to a quarter of the South Korean population. The cumulative number of deaths linked to the virus reached 15855, most of which occurred during the latest outbreak of the Omicron variant. The average daily death toll in the last week was 330.



The situation of South Korean reflects: (1) first of all, South Korea has always adopted a prudent but loose precise prevention and control strategy, and the complete vaccination rate (two or more shots) ranks first in the world, but it got out of control when the Omicron variant became prevalent. This does not mean that vaccination is ineffective. Instead, it indicates that before the vaccine penetration rate reaches nearly 100%, easing epidemic control will lead to the wide spread of the virus. It will directly "find" the vulnerable people who have not been vaccinated, just as the enemy has found the weak link of the defense line, resulting in a large number of deaths in the short term. (2) Secondly, a large number of severe cases and deaths in the short term not only trigger a run on medical resources, but also lead to the rapidly grow demand on funeral services. Recently, the South Korean government asked the crematorium

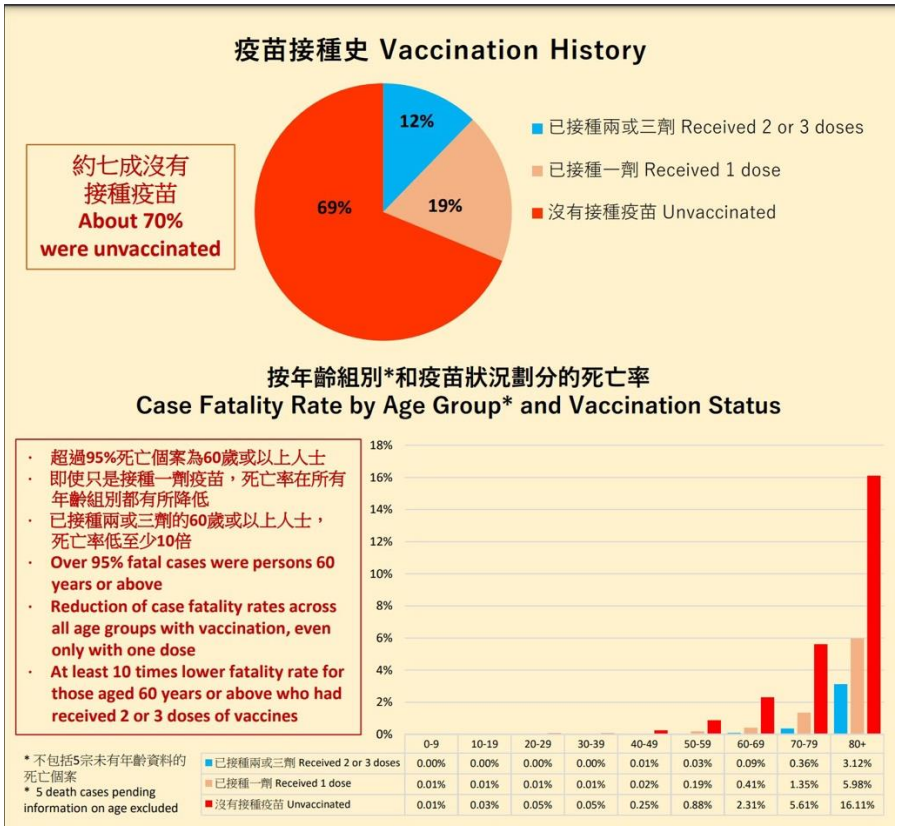
and funeral home nationwide to “expand the capacity” from cremating about 1000 bodies a day to 1400 a day, and funeral homes were also required to store more bodies. (3) The main reason for this situation is that due to the “Enlightenment” of European and American epidemic prevention policies. South Korea prematurely eased the behavioral restrictions implemented for epidemic prevention purposes, such as the limit on the number of people gathered, large-scale detection, active tracking and close connection, strict isolation of confirmed patients and asymptomatic infected persons. Epidemic prevention experts of South Korea pointed out that the premature loosen measures on epidemic prevention send wrong signal to citizens, resulting in the slack of self-discipline epidemic prevention measures and pushing medical institutions at risk.

The situation of Hong Kong Special Administrative Region is similar to South Korean. During the current fifth wave of the epidemic, Hong Kong's medical resources were overwhelmed. However, with unified deployment of the central government and the assistance of other places of China, Hong Kong has passed the most dangerous stage. In the most serious stage of the epidemic, Hong Kong experienced a tragic situation of 76341 new diagnoses in a single day (March 2) and 294 deaths in a single day (March 11), which is a shocking figure for a city with a total population of 7.59 million.



(Data source: our world in data)

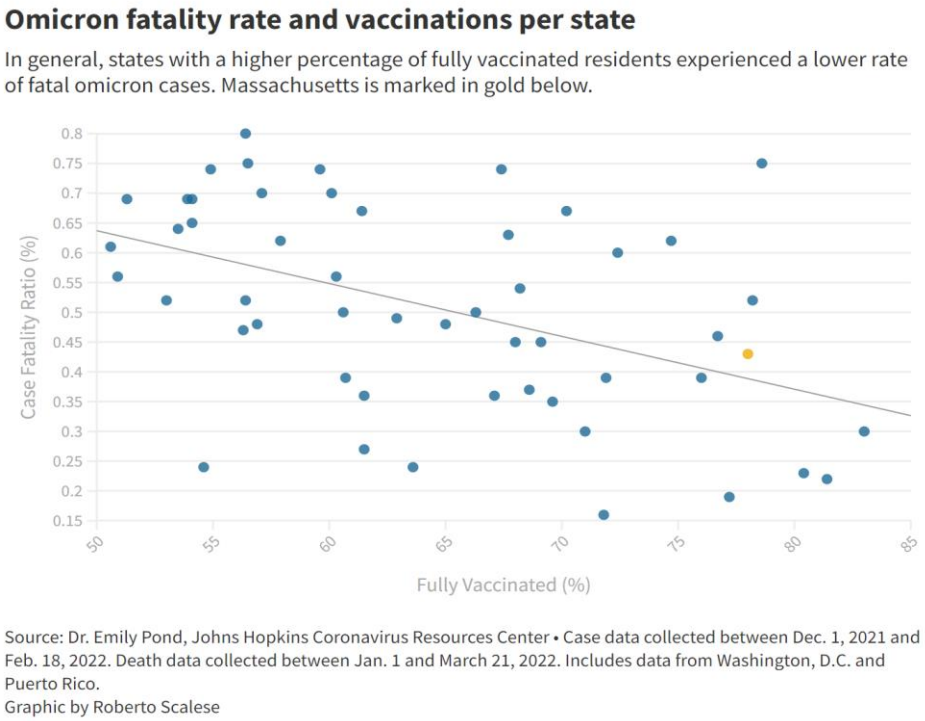
A large number of existing data shows that there is an obvious negative correlation between vaccination rate and mortality of the epidemic, that is, the higher the vaccination rate, the lower the mortality. The data of Hong Kong further proves this point. Moreover, the vaccine used is Sinovac, which is also widely used in mainland China, and Comirnaty, which is produced by Shanghai Fosun Pharm of China and BNT of German. Sinovac is an inactivated vaccine with less adverse reactions and side effects after injection while Comirnaty is an mRNA vaccine with stronger side effects. Therefore, the data of Hong Kong are of more valuable to us. According to a study by Li Ka Shing Faculty of Medicine, The University of Hong Kong, [3]whether it is Sinovac vaccine or Comirnaty vaccine, the rate of the prevention from severe cases and deaths was over 97% after the third dose of booster injection. Statistics from the Hong Kong Special Administrative Region government also show that 70% of the deaths were not vaccinated.



(Source: epidemic prevention website of the government of the Hong Kong Special Administrative Region, https://www.covidvaccine.gov.hk/pdf/death_analysis.pdf)

[3] University of Hong Kong Li Jiacheng School of medicine, Hong Kong, after the New Coronavirus fifth wave of post epidemic prospective planning, March 22, 2022, download address: https://www.Covidvaccine.gov.hk/pdf/death_analysis.pdf

But vaccines are not almighty. A study in Massachusetts shows that most of the states with the highest mortality rates in the United States have the lowest vaccination rates. However, the reverse is not necessarily true. For example, North Dakota has the lowest vaccination rate in the United States (54.6%), and the mortality rate is the lowest (0.24% of all confirmed Omicron infections). Maine has the highest vaccination rate (78.6%), but the highest mortality rate (0.75%). "Omicron is more deadly than Delta,"[4] the study said. There are many reasons for this, including vaccine brands. For example, the CDC found that people who completed the vaccination of Johnson & Johnson vaccine (a recombinant adenovirus vector-based vaccine) had higher mortality than those who injected Pfizer vaccine (mRNA vaccine).[5] However, no matter what kind of vaccine is injected, the severe and mortality are much lower than those who are not vaccinated. Therefore, a more convincing explanation may have to be found in the socio-economic conditions such as population composition, aging degree and distribution of medical resources.



(Data source: https://www.wbur.org/news/2022/03/29/omicron-surge-mortality-death-comparison)

[4] Gabrielle Emanuel, "Was omicron more deadly than it needed to be in Mass? Some experts say yes," March 29, 2022, https://www.wbur.org/news/2022/03/29/omicron-surge-mortality-death-comparison.
[5] Alexander Tin, "Omicron deaths of Johnson & Johnson recipients were double the rate of other vaccinated Americans, new data show," CBS News, March 25, 2022, https://www.cbsnews.com/news/covid-omicron-johnson-johnson-vaccine/.

Based on the above analysis, we can draw several preliminary conclusions: (1) improving the vaccine popularization rate, including strengthening the needle popularization rate, is an effective means to reduce the severe infection rate and mortality in the case of a pandemic; (2) Even in the case of high vaccine coverage, the virus cannot be treated with indulgence. The extremely high infection rate will put a very small number of unvaccinated people and a small number of people who have completed vaccination at risk. It is quite understandable that if only 1% of the population is infected, the virus is likely to find extremely vulnerable people whose autoimmune system is still insufficient to resist the virus after vaccination. However, if 10% of the population is infected, the possibility of those extremely vulnerable people being infected will greatly increase. There were no severe cases in the fifth wave of epidemic in Shanghai as of March 31, which is not only due to the vaccine, but also due to the control of the number of infected people under strict epidemic prevention measures.

III. IS LYING FLAT REALLY OKAY?

The preceding two parts manifested: objectively speaking, lying flat is not okay and will make things worse. Under different values, however, different countries and regions have different subjective judgments about what is fine or bad.

The estimation of costs and benefits actually depends on values, especially for constitutional rights. What kind of constitutional rights we value depends on the values of society because there is no market price for them.

I have translated *The Future of Law and Economics* written by Professor Calabresi of Yale Law School, who is also a U.S federal appeals court justice. He pointed out in this book that the reason why the society is willing to invest more in saving a person in an extremely danger condition, e.g., the maniac trying to cross the Atlantic in a small sailboat, than in avoiding constant disasters causing more death is obvious. The former has a very high degree of visibility: it can superficially justify the proposition that life is priceless and win applause and votes for the government. The latter does not have such visibility: if you succeed in prevention and the disaster does not happen, people will question you for arbitrarily wasting taxpayers' money; if you fail in prevention and the disaster does happen, the consequences will be the same as if you did not invest in prevention at all. So politicians have no gain from this sort of thing.

Thomas C. Schelling, winner of the 2005 Nobel Prize in economics, wrote *The Life You Save May Be Your Own in 1968.* In this article, he introduced the concepts of identified lives and statistical lives. It is a common phenomenon in the field of public health that people tend to save a story-fruitful, image-vivid life at all cost rather than spend less to improve public health and medical services for imageless population possessing only statistical significance. This phenomenon is also called “Identifiability Bias”. An obvious example is Ipilimumab used to treat melanoma, an NHS-covered prescription medicine in the UK. It costs £42,200 per patient to extend their life by one year using this medicine. At the same time, however, the UK, under the influence of conservative neoliberal ideology, has made drastic budget cuts to the

NHS, resulting in an inability to provide universal testing and prevention and control in the wake of the outbreak of the Covid-19 pandemic.

The values embodied in our Constitution are significantly different from those of capitalist countries, where the objective well-being of the people, rather than subjective rights, is the primary goal served by the Party and the Chinese government (although this does not mean that the subjective rights of citizens are not protected). Established in Article 21 of the Constitution, “The protection of the people’s health” is one of the fundamental tasks of China, and the positive obligations and corresponding powers of the state in the prevention and control of the pandemic are very important elements of our socialist Constitution. That is why China has taken active and decisive measures to prevent and control the pandemic from the onset, always insisted on the policy of dynamic clearing and made every effort to avoid the spread of the virus to protect the life and health of every citizen. This pandemic prevention policy has been remarkably effective, keeping the number of confirmed cases in China within 100,000 for a long time after the first wave of the pandemic. Even though there was a significant increase in the fifth wave of the epidemic, the cumulative number of confirmed cases in mainland China (more than 230,000) was even lower than the number of confirmed cases on a single day in the United States, India, Brazil, Germany, and even in South Korea during the peak of the pandemic. For example, there were 1.01 million cases in the United States on January 3, 2022, more than 410,000 cases in India on May 6, 2021, and more than 280,000 cases in Brazil on February 3, 2022. The cumulative number of deaths from the novel coronavirus in China is about 4,600, only slightly higher than the single-day death toll in the United States on January 27, 2021 (4,102). China's economy also maintained its growth momentum during the pandemic, with GDP growth of 8.1% in 2021 and significant growth in the value of inbound trade. Although macroeconomic data cannot hide the impact on many small and medium-sized enterprises and individual entrepreneurs, the central and local governments have begun to introduce a variety of policies to help these impacted enterprises and individuals to tide over the difficulties, including rent relief, preferential interest rates on loans, tax breaks, and so on.

The different impact of an identified life versus a statistical life on the average person was cleverly exploited by the media, as was starkly demonstrated in three stories in the Chinese website of *New York Times*. *25 Days That Changed the World: How Covid-19 Slipped China’s Grasp*, published on December 30, 2020, wrote that “China ultimately got control, both of the virus and of the narrative surrounding it. Today, the Chinese economy is roaring and some experts are asking whether the pandemic has tipped the global balance of power toward Beijing”. While European countries and the United States were suffering both from the pandemic and their troubled economy, China not only managed to contain the pandemic but also managed to achieve sustained economic growth. This commentary expressed disbelief and confusion in the face of unquestionable statistical data.

On January 7, 2022, when Coronavirus Delta variant ravaged Xi’an, *China’s Latest Lockdown Shows Stubborn Resolve on Zero-Covid* published in *New York Times*, questioned whether China's measures to combat the pandemic were too costly by telling the stories of specific, ordinary people with vivid images. Several of the incidents mentioned within this

article were also available to us in other media, which caused a huge public outcry at the time. One is "the vast health code system used to track people and enforce quarantines and lockdowns crashed because it couldn't handle the traffic, making it hard for residents to access public hospitals or complete daily routines like regular Covid testing'', the other is "many were incensed when a woman in the city, eight months pregnant, lost her baby after she was made to wait for hours at a hospital because she was unable to prove she did not have Covid-19". These incidents do expose certain aspects of the pandemic prevention requiring improvement, but they are not the corollaries of the Zero-Covid policy. On the contrary, these incidents are entirely avoidable while pursing the goal of Zero-Covid. By describing such incidents as the price of Zero-Covid policy, the article is clearly intended to set the pace and make readers resent the Zero-Covid policy. However, the article also had to acknowledge that the local government did respond quickly to the public opinion by writing that "amid the outcry, the government this week created special 'green channels' for pregnant women and patients with 'acute and critical illnesses' to get medical care more easily".

On March 30, 2022, this media published another commentary, *Shanghai's Lockdown Tests Covid-Zero Policy, and People's Limits*. This commentary told a very familiar tragedy to the Chinese people that "Last week, a nurse suffered an asthma attack but couldn't get help from the emergency department at the hospital where she worked because it was closed for Covid disinfection. Her family rushed her to another hospital but she died, according to a statement from Shanghai East Hospital, her employer. On Friday, officials from Shanghai's health commission expressed condolences to the nurse's family. They urged hospitals to speed up infection screening, contact tracing and disinfection protocols to minimize disruptions to normal medical services".

This event does sound an alarm to the decision makers of pandemic prevention: the dynamic clearing is to avoid a run on medical resources caused by mass infections, but some artificial reasons in the process of implementing this policy have led to the exclusive use of medical resources by the pandemic itself, which makes other critical emergencies not receive timely and effective treatment. This is contrary to the original intention of the policy. But pointing the finger at the Zero-Covid policy again is clearly to exploit the cognitive bias due to people's inability to empathize with the statistical life. Such narratives can easily cater to the mindset of people who are already filled with resentment for the inconvenience caused by the pandemic prevention measures to their own lives, and thus may become self-fulfilling prophecies. Whether all people will be united or public discontent will be intensified depends on how the government guides the public opinion. Of course, adjustments at the policy implementation level are still necessary without abandoning the goal of Zero-Covid. In particular, there is a need to correct the target-oriented responsibility system whose only assessment criterion is Zero-Covid, so as to avoid bureaucratic tendency to ignore the needs of people's livelihood and basic rights beyond the pandemic.

CONCLUSION

There is no one-size-fits-all solution, and we all make decisions with risks and uncertainties. For public health policymakers of China, abandoning the current Zero-Covid policy can only be the last choice when there are really no other choices. “Lie-flat” policy is the easiest thing to do, but once we “lie-flat”, we show our “resignation”. If that day comes, they would say: **we did our best. All of our efforts have prevented hundreds of thousands, even millions of people from dying of infection. They will not be the protagonists of sensational stories, but the dead will be; nor will they know that they’ve escaped from** disaster**, because they just have avoided one. They even will not be counted in the infected numbers, because those numbers do not reflect the deaths successfully avoided. They are real lives who could be parents, siblings or children of yours or mine.** Now, as the situation has changed, it's time to adjust the pandemic prevention policy and turn a new page together.

But that day has not come yet!