

# UK government buried 2016 report exposing catastrophic NHS failings during flu pandemic

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Late in 2016, the British government and health authorities held “Exercise Cygnus,” a three-day training exercise intended to determine readiness for a novel respiratory influenza pandemic.

Cygnus aimed to test coordination between hospitals, health authorities, those tasked with tracking the disease and central government. The results of the report have never been made public. At the time, however, the British government’s then chief medical officer, Professor Sally Davies, told a health conference, World Innovation in Health, that the exercise “killed a lot of people.”

She explained, starkly, “It became clear that we could not cope with the excess bodies, for instance. It becomes very worrying about the deaths, and what that will do to society as you start to get all those deaths ...”

Davies added that internal problems were compounded by “the lack of vaccines and then the global traffic and the lack of solidarity ... a severe one will stretch everyone.”

A 2017 Board Paper from Matthew Swindells, operations and information director of NHS [National Health Service] England, underscored the point that the exercise “challenged the NHS to review its response to an overwhelmed service with reduced staff availability.”

Four years later, very little can be found on Cygnus. The report has been buried for fear workers would be alerted to the immense dangers posed by a pandemic. This would have cut across the drive of the ruling class everywhere to slash social spending to enrich themselves.

COVID-19 is a novel form of coronavirus, a large family that includes previously highly dangerous forms such as Severe Acute Respiratory Syndrome (SARS-CoV) and Middle East Respiratory Syndrome (MERS-CoV). But the exercise examining the impact of a new and virulent flu strain is of immediate relevance.

Cygnus came after years in which governments and public health authorities worldwide had already come to a broad understanding of the dangers posed to millions by a novel

influenza virus, new strains of which emerge every few months.

In 2011, the Organisation for Economic Development and Cooperation (OECD) steering group on global shocks considered a flu pandemic as among the most serious society was likely to face. It warned, “Over the past three centuries, a flu pandemic has been identified every 25 to 30 years on average.”

Factors multiplying their impact included poor health policies, poor water supply and underlying ecological and socioeconomic changes, while “the increasing number of highly populated and heavily concentrated mega-cities, where weak public health systems and unsanitary living conditions often prevail, is a trend that exacerbates vulnerability factors for pandemics.”

The US National Intelligence Council warned, “An easily transmissible novel respiratory pathogen that kills or incapacitates more than one percent of its victims is among the most disruptive events possible. Such an outbreak could result in millions of people suffering and dying in every corner of the world in less than six months.”

The failure to prepare for an event such as the COVID-19 pandemic is criminal. Publicly available documents make clear that the British government knew what was coming, if not exactly when.

In 2011, the Department of Health (DoH) published its “UK Influenza Pandemic Preparedness Strategy 2011” and circulated it to hospitals, health boards and local authorities. It acknowledged that “large swathes of the population may become infected by the new virus over a relatively short period of time,” possibly leading to “significant severe illness and mortality.”

The DoH outlined a “reasonable worst case” based on previous pandemics, warning of up to 50 percent of the population suffering symptoms over one or more pandemic waves lasting 15 weeks. Assuming no effective treatment was available, a death rate of 2.5 percent could be

anticipated. This would equate to around 750,000 people, although the authors reduced this, assuming some level of care, to between 210,000 and 315,000. Half of those could be expected to occur during the three peak weeks of the pandemic.

Critical care services would, in the case of a severe illness, be overwhelmed. “Critical care services are both small and specialist so have limited capacity to expand ... demand may continue to escalate causing acute pressures on all health services, particularly during the peak weeks.” Therefore, “it may be necessary to prioritise access to some services in an ethically appropriate way.”

Britain currently has less than 5,000 intensive care beds. At this moment, exhibition and conference centres are being requisitioned in the frantic hope of perhaps doubling this total in time for the imminent and likely overwhelming “surge” in critical cases.

The DoH warned that the police and the military would be impacted by the disease and “resilience plans should not therefore assume that local military units would provide support or have personnel available with either the requisite skills or equipment to perform specialist tasks.”

Public Health England’s “Pandemic Influenza Response Plan 2014” underscored the continuing importance attached to the pandemic threat. “Given the uncertainty and the potential impact of influenza pandemic, pandemic influenza has been classified by the Cabinet Office as the number one threat to the UK population,” it stated.

The 2017 Cabinet Office National Risk Register of Civil Emergencies again highlighted pandemic flu as the highest impact emergency the country was likely to face, equalled only by large-scale chemical, biological, radiological or nuclear attacks. The register reiterated the figure of between 20,000 and 750,000 prospective fatalities.

For nearly a decade, probably much longer, the British government and public health authorities and their peers internationally have been preparing, on paper at least, for a flu pandemic likely to kill millions worldwide.

Yet nothing was done, as cuts of tens of billions of pounds to the NHS and other health services continued unabated. Today we see:

- Conference centres, little more than large sheds, being converted into emergency hospitals and morgues to be staffed by overstressed health workers and retired volunteers risking their own lives.

- Thousands of medical ventilators belatedly being ordered, built to competing designs by rival business consortia, none of whom will produce a meaningful number of devices by the time of the greatest “surge” of COVID-19 victims.

- Inadequate supplies of protective equipment and

cleaning materials at all levels of health provision, while engineers and buyers are scrambling frantically to source components and medicines.

- Even the previous minimum level of community testing—one of the most essential tools to confront and eradicate the virus—was abandoned, along with rigorous contact tracing.

While the ruling class’s criminal neglect of pandemic preparation is daily ever more apparent, the most sweeping anti-democratic emergency powers ever seen outside of wartime have been implemented with cross-party agreement. Untold sums are being poured into the bank accounts of big business, while workers are being forced to continue working in unsafe conditions as countless jobs and small businesses are wiped out.

Faced with the pandemic threat, a government committed to public health would:

- ensure the fullest cooperation with and integration of all global scientific and medical efforts to identify, track and warn the world’s population of emerging viral dangers; mobilise whatever resources were required to stop the infection as close to its sources as possible and instigate the most rigorous testing and contact tracing;

- pour billions into constant and easily scalable supplies of viral medications and vaccines, critical care beds, ventilators, and protective equipment, as well as ensuring sufficient well-paid and trained staff capable of being mobilised;

- make rational preparation for the most efficient emergency production of any additional resources required to provide the highest quality medical support to everyone impacted directly and indirectly by the disease and its consequences.

Working people are posed with urgently taking up the struggle for such a socialist government.



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