

UK government ignored scientific advice and treated COVID-19 as a public order issue

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Boris Johnson's Conservative government disregarded scientific advice about the danger to life posed by the coronavirus almost from the moment when the first deaths were reported in China.

Instead, the government was mainly concerned with developing its response from the standpoint of combating "public disorder" and social unrest. This was the backdrop to its passing of the Coronavirus Bill on March 25 handing authoritarian powers to Prime Minister Boris Johnson and his ministers.

Put on the statute book without a parliamentary vote, the 351-page Coronavirus Act 2020 allows the government to restrict or prohibit events and gatherings in England and Wales during the pandemic in any place, vehicle, train, vessel or aircraft, any movable structure and any offshore installation. Ministers have the powers to close premises. Powers were also granted allowing the forced detention and isolation of anyone, including children, and for any amount of time. The Act rubber-stamped postponing this year's local authority and mayoral elections, with provisions to postpone any other electoral events over the next year.

As the bill was being rushed through both Houses of Parliament, the government announced that 20,000 military personnel had been placed on standby—10,000 military personnel regularly assigned to operations among civilians, such as in floods, plus a further 10,000 troops. As the WSWs noted, "The mobilisation of the armed forces has also been in advanced preparation and was a central component of the Tories' post-Brexit planning strategy known as 'Operation Yellowhammer.' Yellowhammer predicted a 'rise in public disorder and community tensions.'"

According to a government web page, the Scientific Advisory Group for Emergencies (SAGE) exists to provide "scientific and technical advice to support government decision makers during emergencies." SAGE's advice "is made available to decision makers to support UK cross-government decisions in the Cabinet Office Briefing Room (COBR) [also known as COBRA]."

SAGE is co-chaired by Sir Patrick Vallance (government Chief Science Advisor) and Professor Chris Whitty (Chief Medical Officer). Both played a central role in the adoption by the Johnson government of the "herd immunity," policy, i.e., the attempt—in the absence of a vaccine—to mass infect most of the population [up to 70 percent] with coronavirus. This was advocated in the face of all international experience from China and other countries that the mass testing of the population, allied with quarantining, social distancing and lockdowns as necessary, was the only way to prevent the spread of the virus and save lives. Had there not been widespread opposition to "herd immunity," including from top scientists, the government's policy would have resulted in the deaths of hundreds of thousands.

As the COVID-19 pandemic began, the government enlisted the advice of three SAGE groups: the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG); the Scientific Pandemic Influenza Group on Modelling (SPI-M) (Department for Health and Social Care) and the Independent Scientific Pandemic Influenza Group on Behaviours (SPI-B).

Behavioural scientists played an extraordinary and unwarranted part in determining policy, compared with the input of medical professionals.

In a March 14 SAGE document, "The role of behavioural science in the coronavirus outbreak," the section "What is 'SPI-B?'" notes: "To date, there have been three meetings of SPI-B to discuss specific topics of advice requested by SAGE. The topics discussed relate to the risk of public disorder; the use of behavioural and social interventions; and how to give guidance to people who are asked to self-isolate."

The SPI-B was "asked to consider several possible behavioural and social interventions"—including "stopping large events ('mass gatherings'), school closures, isolation of people with symptoms and also their households, general social distancing, and lengthy social distancing for people in at-risk groups."

The criteria used was not what was scientifically necessary but rather "public attitudes and support; likely adherence; and any barriers, facilitators or communication issues that should be considered."

A key passage reads "in order to limit the risk of public disorder even further, the Government should: provide clear and transparent reasons for the different strategies that might be taken; set clear expectations on how the national response would develop; and promote collective action throughout the country."

After 10 years of brutal austerity, the government was acutely aware it was sitting on a social volcano and that the pandemic could mean social anger erupting to the surface.

The National Health Service (NHS) had been eviscerated over the last decade due to billions of pounds cut in "efficiency savings" and the privatisation agenda. The government was advised in a SAGE paper February 26, "In the event of a pandemic, without action, the NHS will be unable to meet all demands placed on it. Demand on beds is likely to overtake supply well before the peak is reached."

Rather than demand additional resources, the government focused on dealing with the public's reaction to the NHS failing to cope. As far back as February 25, (Cobra) commissioned advice from SPI-B "on the risk of public disorder in the Covid-19 RWCS [reasonable worst case scenario]."

SAGE and the Home Office, working with the Ministry of Defence (MoD) and National Police Chiefs' Council (NPCC) "considered the

risk of public disorder, with a focus on scenarios where there are significant workplace absences, e.g. in the police, and pressures on healthcare facilities...

“SPI-B defined public disorder to include actions from opportunistic crime, community tension and rioting.”

SPI-B were clear under what conditions social unrest could arise: “Where public disorder occurs, it is usually triggered by perceptions about the Government’s response, rather than the nature of the epidemic per se. For example, a perception that the Government response strategies are not effective in looking after the public may lead to an increase in tensions.”

It noted that the risk of public disorder could occur where there are “staff absences in police forces, pressures on healthcare facilities, perceptions that there is limited resource, e.g. limited face masks or hand sanitiser, perceptions of inadequate government response to contain the outbreak.”

SPI-B warned that public unrest could develop in “Specific scenarios where police actions are experienced as excessive and which prevent the public from accessing services they believe they have a right to access (e.g. food, healthcare) may lead to increased tensions.”

Under conditions in which virtually no testing had been done among the population for COVID-19—in contrast to China, South Korea and other countries—SPI-B stated that the “public need to understand the purpose of the Government’s policy, why the UK approach differs to other countries and how resources are being allocated.”

It was necessary for the government to “Promote a sense of collectivism: All messaging should reinforce a sense of community, that ‘we are all in this together’—i.e., promote the lie that the super-rich and the mass of working people were equally affected by the coronavirus pandemic and shared a common purpose in fighting it.

Knowing this to be a lie, just one month after the February paper was written, the government passed into law the Coronavirus Bill in readiness to confront workers opposed to policies that have caused the deaths of thousands.

The SAGE documents went almost without comment in the media, with just one article, in the *Daily Mail*, noting its warnings of “flashpoints over stretched healthcare facilities or goods shortages.”

One of the most critical voices raised in opposition to the government’s strategy was Richard Horton, editor-in-chief of the *Lancet* medical journal. On the SAGE papers, he stated, “There is evidence on modelling and on behavioural science, but I don’t see the evidence from the public health community or from the clinical community.

“We [i.e., the Johnson government] thought we could have a controlled epidemic. We thought we could manage that epidemic over the course of March and April, push the curve to the right, build up herd immunity and that way we could protect people.

“The reason why that strategy was wrong is it didn’t recognise that 20 percent of people infected would end up with severe critical illness. The evidence was there at the end of January.”

Further damning evidence of how the government refused to act and enforce the most rudimentary policies to protect the population was made public this week in a Reuters special report.

In it, a spokesperson for the Department of Health and Social Care claimed the government was delivering “a science-led action plan” to fight coronavirus: “As the public would expect, we regularly test our pandemic plans and what we learned from previous exercises has helped us to rapidly respond to COVID-19.”

This is a lie. As noted by the WSWs, in 2016 the government knew

from Exercise Cygnus, intended to determine readiness for a novel respiratory influenza pandemic, that there would be catastrophic National Health Service failings during a flu pandemic that would kill “a lot of people.” The government responded by continuing to cut the human and material resources available to the NHS.

Reuters published comments from John Edmunds, a professor of infectious disease modelling at Imperial College, of the flu pandemic modelling committee (SPI-M). Edmunds said that around seven weeks before the first confirmed death of COVID-19 in the UK, “from about mid January onwards, it was absolutely obvious that this was serious, very serious.”

Graham Medley, a professor of infectious disease modelling at the London School of Hygiene and Tropical Medicine and chairman of SPI-M, told Reuters, it was “clear that this was going to be big from the first meeting.” By the end of January, SPI-M went into “wartime” mode.

Despite this, on January 30 the government only raised the official threat level posed by COVID-19 from “low” to “moderate.” It was kept at moderate as deaths began to mount in other countries, including in mainland Europe, even after a February 21 meeting of NERVTAG, the group which advises the government on the threat posed by new and emerging respiratory viruses.

Reuters notes, “Edmunds, who had technical difficulties and couldn’t be heard on the call, emailed afterwards to ask the warning to be elevated to ‘high,’ the minutes revealed. But the warning level remained lower. It’s unclear why.” Edmunds recalls, “I just thought, are we still thinking that it’s mild or something? It definitely isn’t, you know.”

These warnings were ignored because Downing Street had set on its “herd immunity” policy. According to a report in the *Times*, during a private event held at the end of February, Johnson’s key adviser advisor Dominic Cummings argued against strict measures to contain coronavirus. Those present summarised his position as “herd immunity, protect the economy, and if that means some pensioners die, too bad.” A senior Conservative source described his view as “let old people die.”

By February 28, the virus had already led to fatalities in Iran, South Korea, and Italy. It was too late to stop the spread of the virus, with Reuters noting that on March 2 the “pandemic modelling committee SPI-M produced its ‘consensus report’ that warned the coronavirus was now transmitting freely in the UK.”

The first coronavirus death in the UK was announced on March 5. But in contrast to Italy—which had recorded 827 deaths by March 11 and ordered a national lockdown—the Johnson government continued to play down the impact the virus would have as it ripped through the population. On March 12, it officially announced its “herd immunity” policy. Government Chief Science Advisor Sir Patrick Vallance, stood alongside Johnson and Chief Medical Officer Professor Chris Whitty in Downing Street and said of the deadly virus: “It’s not possible to stop everyone getting it and it’s also *not desirable* because you want some immunity in the population to protect ourselves in the future.”



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