

# Britain's coronavirus testing fiasco is a product of herd immunity strategy

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Half of the UK's woefully inadequate COVID-19 testing capacity is going unused, while thousands of virus tests and millions of antibody tests have proved unreliable.

The government claims to have established a daily testing capacity of 40,000 but only half that number is being carried out. Health Secretary Matt Hancock sought to blame the lack of testing on “staff” that “haven’t wanted to come forward.”

In fact, the government is solely to blame for the ongoing catastrophe.

Britain's 29 regional drive-through testing centres are not located outside or even near hospitals or town centres. Instead they are in city suburbs, off motorways and at airports. This means that those hoping to be tested cannot use public transport or be driven by anyone other than members of their household. There are numerous reports of health care workers having to drive hundreds of miles to reach their nearest site.

Geographical problems are combined with other strict limitations. Testing is by appointment only and limited to those who have already been self-isolating at home. Tests must be done within three days of symptoms first showing. Only last Friday were testing centres opened to firefighters, prison officers, the police, and the judiciary, as well as National Health Service (NHS) staff.

The British government's “testing strategy” has never been based on organising the mass manufacture and distribution of tests throughout the population—beginning with health care and other frontline workers. They have instead been focused on the mass manufacture and distribution of lies.

An important chronology of the UK's coronavirus response produced by the *Byline Times* testifies to this reality.

On March 11, NHS England announced plans to increase the rate of testing to 10,000 tests a day. One

week later, Prime Minister Boris Johnson pledged to increase testing to 25,000 a day. At that time, the daily rate was roughly 4,000.

Johnson continued to pull numbers out of thin air, which he knew full well were not going to be achieved. On March 25, he told a press conference, “We are going up from 5,000 to 10,000 tests per day, to 25,000, hopefully very soon up to 250,000 per day.”

In the previous 24 hours, the UK had carried out just 6,583 tests. It had at this time still failed to reach for a single day the original daily target of 10,000—almost a month after the first death in the UK on February 28.

On April 2, Hancock announced that 100,000 tests would be being carried out daily by the end of the month. Three days later, just 13,069 tests were carried out. Two days ago, on April 21, only 22,814 tests were performed—the highest total so far.

Britain is currently ranked 15th out of the 17 countries (with available data) with the worst epidemics for the number of tests per thousand population. At 5.54 per thousand, the UK ranks only above Peru and India.

The only conclusion that can be drawn from the chronic lack of testing is that the Johnson government is still set on imposing its policy of herd immunity—through the mass infection of millions of people.

Local councils employ 5,000 environmental health workers with experience in contact tracing, which is crucial to breaking the links of transmission of viruses in the early stages of an epidemic. This critical resource was never deployed. Instead, Public Health England (PHE) made use of just under 300 staff until mid-March, when they abandoned contact tracing altogether.

On March 12, the government switched from a claimed policy of testing every possible case to only testing cases in hospitals. This policy directly contributed to the horrific situation in the UK's care homes—where thousands of mainly elderly people have died—and to the

scores of deaths among key workers.

On April 1, when just 2,000 out of 500,000 frontline NHS workers had been tested, Deputy Chief Medical Officer Professor Jonathan Van Tam admitted to ITV News that testing “is a bit of a side issue to be truthful with you.”

In fact, according to a *Daily Telegraph* report Wednesday, Public Health England have told labs to stop using the department’s original test and switch to a commercial test. A PHE memo dated April 11 referred to “quality assurance difficulties”—which means that thousands of NHS workers could have been sent back to work with a false negative, while still infected and infectious. The *Daily Mail* noted yesterday, “NHS labs will continue to use the method but must double check all uncertain results until they can switch to commercial tests.”

Allan Wilson, president of the Institute of Biomedical Science, spoke to *Wired* about the government’s approach to expanding testing capacity: “There seems no coordination of this ... in fact it seems almost uncoordinated.

“There’s a lab I know in England that had staff in over the [Easter] weekend making DIY swab test kits, because they’d run out.”

Another NHS lab in Northern Ireland had to crowdfund £112,000 to purchase a DNA purification machine which will quintuple their ability to process tests.

Several experts told the *Guardian* this week that the testing which is currently being carried out is not necessarily helpful from a public health perspective. Professor Sheila Bird, a former member of the Medical Research Council at the University of Cambridge, explained that the failure to break down the numbers by tests of hospital patients, critical workers and family members of critical workers made it impossible to accurately assess the outbreak in the UK.

While ignoring the urgent advice of medical professionals to test, quarantine and contact trace, the government jumped ahead of scientific advice as it advocated a “game changer” antibody test. This was advanced as a “magic bullet” solution which could be used to justify a rapid return to work and shore up the profits of big business. The government admitted earlier this month that it had ordered 17.5 million antibody testing kits, none of which were accurate enough for use. At least 3.5 million unreliable tests have been paid for, with £16 million reportedly given for an order of 2 million kits from China.

Recent research from the UK’s National Covid Testing Scientific Advisory Panel found that the performance of home antibody tests “is inadequate for most individual patient applications.”

Even if a highly accurate test were to be found, on the basis of several preliminary studies, the World Health Organisation estimates that “not more than 2-3 percent” of the global population have been infected with the virus—rising to perhaps 14 percent in Germany and France. Even a small percentage of false positives (informing people who have not had the virus that they have) would therefore give a false and dangerous “all clear” to huge numbers of people.

There is nowhere near sufficient data to prove that these tests would confirm a person’s immunity to reinfection by the virus. Dr Maria Van Kerkhove, the WHO’s technical lead on COVID-19, said April 17, “Right now, we have no evidence that the use of a serological test can show that an individual has immunity or is protected from reinfection.”

With Boris Johnson still ensconced at the prime minister’s country residence, Chequers, after nearly dying of COVID-19, Britain’s ruling elite are relying on former Labour prime minister Tony Blair to argue that these concerns should not get in the way of orchestrating a return to work. He told “Good Morning Britain” yesterday, “Even if there is some inaccuracy, I still think the antibody test is a vital part of what we’re trying to do.”

His Institute for Global Change has published a strategy for reopening the economy with a politically manageable death rate, while new Labour Leader Sir Keir Starmer continues to press the government for a lockdown “exit strategy.”



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