

Report finds European lockdowns saved millions of lives, ending it threatens millions

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Lockdowns in Europe have saved millions of lives, according to a report modelling the expected progress of the disease in the absence of the measure in 11 countries.

A team from Imperial College London's MRC Centre for Global Infectious Disease Analysis, Jameel Institute (J-IDEA), and Department of Mathematics published its research in *Nature*, Monday. Their study also estimates that only a small percentage of the population of these countries—Austria, Belgium, Denmark, France, Germany, Italy, Norway, Spain, Sweden, Switzerland and the United Kingdom—has been infected with coronavirus.

The report is an indictment of governments' initial delays in implementing public health measures, which caused tens of thousands of needless deaths under the pseudo-scientific pretext of achieving "herd immunity." Yesterday, Professor Neil Ferguson, an author on the study and formerly a leading adviser to the government, told the House of Commons Science Committee that going into lockdown just a week earlier would have halved the UK's coronavirus death toll.

Above all, the report is also a warning of the terrible consequences of the return to business as usual now being universally pursued.

By analysing reported deaths, the authors calculated the changes in the reproduction number (or "R value") between the start of the epidemic and May 4, when lockdowns started to be lifted. The R value indicates how many people on average each infected person is expected to transmit the virus on to. An R of 1 or above means the virus can spread rapidly.

The authors used reported deaths as a more accurate measure than reported cases, since large numbers of infections are known to be unreported. This is in large part due to the continued failures of government testing procedures. As the report notes, "Most countries initially only had capacity to test a small proportion of suspected cases, reserving tests for severely ill patients or for high-

risk groups (e.g. contacts of cases)."

Even the reported death totals, though more reliable, significantly undercount the number of coronavirus-related fatalities. Nick Stripe, head of life events at the Office for National Statistics in the UK, told the *Financial Times* last week, "COVID-related death registrations are running 31 percent higher than the daily numbers reported at the time."

The Imperial College study bases itself on the official statistics collected by the European Centre for Disease Control. Using deaths to estimate the R value in the early stages of the pandemic, prior to the implementation of lockdowns, researchers modelled the predicted spread of the virus along that trajectory counterposed to a model based on the spread actually observed following the lockdowns. The results are stark:

"We find that, across 11 countries, since the beginning of the epidemic, 3,100,000 [2,800,000- 3,500,000] deaths have been averted..."

This includes an estimated 690,000 deaths in France; 630,000 in Italy; 560,000 in Germany; 470,000 in the UK; 450,000 in Spain and 110,000 in Belgium, plus tens of thousands in each of the other five countries—only up to May 4.

These figures assume no change in the population's behaviour during the pandemic. The authors note that people taking independent action to protect themselves would likely reduce the R value. But it is highly questionable how far they would be able to do so while forced to work, send their children to school and travel on public transport.

Far more significantly, the figures "do not consider the impact... of an overwhelmed health system in which patients may not be able to access critical care facilities." This would dramatically increase the number of predicted deaths.

Even with lockdowns belatedly introduced, hospitals in

Britain, Italy, Spain and France reported being stretched past breaking point, with several having to refuse patients or treatment, declaring emergency shortages of vital medical supplies, or having to close entirely. These countries and others kept just within health care capacity only by abandoning tens of thousands of elderly residents in care homes and keeping thousands more desperately ill people out of hospital.

Only yesterday, Britain's National Health Service (NHS) reported that its waiting list for treatment—including for cancer, strokes and heart disease—is expected to more than double to 10 million by the end of the year. The health service is currently working at 60 percent of capacity due to infection control measures. Had the coronavirus been allowed to spread freely, the NHS and other health services in Europe would have collapsed.

The authors conclude: “Our results show that major non-pharmaceutical interventions and lockdown in particular have had a large effect on reducing transmission.” Specifically, the research finds that these interventions have reduced the R value by between 75 and 87 percent across the 11 countries studied.

Refuting the early attempts made by politicians to blame their own inaction and negligence on the public, the report notes, “Modern understanding of infectious disease with a global publicized response [which, we would add, has depended on social and independent media *against* the public statements of governments] has meant that nationwide interventions could be implemented with widespread adherence and support.”

As a result of the population’s efforts, the numbers infected with coronavirus to date have been substantially suppressed. The Imperial College model for the progress of the disease with no lockdowns suggests that the UK, for example, would by now have seen 70 percent of people infected, whereas the real figure is estimated at 5.1 percent. Across the 11 countries, the rate of people so far infected is put at between 3.2 and 4 percent. The highest rate of estimated total infections is in Belgium, at around 8 percent, and the next highest in Spain, at just 5.5 percent—an average of 4 percent across the 11 states.

The report concludes that “populations in Europe are not close to herd immunity.” There is therefore no natural barrier to a renewed rapid spread of the disease. The researchers advise, “Continued intervention should be considered to keep transmission of SARS-CoV-2 under control.”

These conclusions are supported by another recent

report, also published in *Nature*, which produced similar results for a study of China, South Korea, Iran, France and the United States. Carried out by a team at the University of California, Berkeley, the research estimated that 530 million infections had been prevented in these countries by lockdown measures.

The political implications of these studies are immense.

Governments were forced to put lockdowns in place because they felt unprepared to confront the massive popular opposition in the working class to the policy of “herd immunity.” Those lockdowns, despite the failure to provide sufficient care for either the infected or the isolated population, have significantly restricted the spread of the virus and saved millions of lives.

But as it stands, the loss of these lives has not been averted, only postponed. The ruling class’ intention was not to use the lockdown to prepare a public health infrastructure to control and eventually eliminate the virus, but to give themselves time to plan how to force a largely unchanged agenda of “herd immunity” on the population.

Hundreds of thousands of families have already suffered the consequences of this policy. But the present figure for deaths is the result of an infection rate of just 4 percent. Had the disease run its course, this figure would have been over 3 million in just 11 European countries, with an infection rate of 70 percent. Now that the lockdown is ending, and with health care systems in a worse state than ever, a European and global death toll in the millions is likely.

The sections of the International Committee of the Fourth International (ICFI) have published versions of the statement, “Build rank-and-file factory and workplace committees to prevent transmission of the COVID-19 virus and save lives!” to provide workers and youth with a strategy for combatting the murderous implications of the back-to-work drive. We urge our readers to distribute, discuss and act on this programme.



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