

# Report backing Johnson's ending UK lockdown concludes: More "deaths and misery" are inevitable

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Figures were released yesterday by the Office for National Statistics (ONS) showing that England had the "the highest levels of excess mortality in Europe" from January 3 (Week 1) to June 12 (Week 24) of the pandemic.

The ONS analysed all-cause mortality patterns during the first half of 2020 for 29 European countries. It found that although Spain and Italy had the highest "peaks" at one singular point, England endured the longest continuous period of excess deaths. The three countries with the highest cumulative excess mortality after England were Spain, Scotland, and Belgium.

The response from Prime Minister Boris Johnson speaking to the press in Northallerton, North Yorkshire, was to claim that his government had achieved a "massive success" in reducing the number of deaths. Even as he acknowledged a surge of cases in UK, which he described as coronavirus "bubbling up" in up to 30 areas across the UK, he boasted that "we've got it under a measure of control. The number of deaths are well, well down. But I have to tell you that we're looking at a resurgence of the virus in some other European countries. You can see what's been happening in the United States."

Johnson wants everyone to look at what is happening everywhere but the UK, and to forget what happened over the past six months.

Behind his stonewalling are definite economic calculations. Mentioning the danger of a second wave, Johnson said this would have "real, real consequences, not just medical, but also for the economy. ..."

The naked commercial concerns animating Johnson's response to the pandemic are underscored by a document published Wednesday by the National Institute of Economic and Social Research (NIESR). The NIESR is funded by "government departments and agencies, the research councils, particularly the Economic and Social Research Council (ESRC), charitable foundations, the European Commission, and the private sector."

"Living with covid-19: balancing costs against benefits in the face of the virus," is published in the August edition of the National Institute Economic Review. It is authored by David Miles, a professor of financial economics at Imperial College Business School, a member, between May 2009 and September 2015, of the Monetary Policy Committee at the Bank of England and Chief UK Economist at Morgan Stanley from October 2004 to

May 2009; Mike Stedman, of the RES Consortium; and Adrian Heald of the University of Manchester's School of Medicine.

RES Consortium describes itself as a "Performance improvement organisation working in partnership with industry and the NHS [National Health Service]." Stedman was previously a "supply chain director for large FMCG [Fast-moving consumer goods] company working across Europe. Focus on real world data modelling, online systems, commissioning systems, online care pathways and business frameworks." His CV notes 16 years at the Unilever conglomerate (revenue in 2019 nearly \$52 billion), including being supply chain director at Unilever Turkey.

The study outlines the economic rationale for the Tory government's ongoing policy of herd immunity—i.e., doing nothing to seriously combat the spread of the coronavirus.

The report addresses the March 23 lockdown, which Johnson was reluctantly forced to impose due to a massive public backlash at the escalating spread of the virus in Europe and the UK. Just days before the lockdown, leading epidemiologists, including Professor Neil Ferguson, warned that if a lockdown wasn't put in place "in the order of 250,000 deaths" could take place in Britain, with up 500,000 deaths a possibility.

The paper's preamble states bluntly, "This paper analyses the costs and benefits of lockdown policies in the face of COVID-19. What matters for people is the quality and length of lives and one should measure costs and benefits in terms of those things."

With the Tory government already ditching the lockdown, "the paper considers policy options for the degree to which restrictions are eased." It declares, "There is a need to normalise how we view COVID because its costs and risks are comparable to other health problems (such as cancer, heart problems, diabetes) where governments have made resource decisions for decades. The lockdown is a public health policy and we have valued its impact using the tools that guide health care decisions in the UK public health system."

This section concludes, "The evidence suggests that the costs of continuing severe restrictions in the UK are large relative to likely benefits so that a substantial easing in general restrictions in favour of more targeted measures is warranted."

Every mention of the lockdown in the report is accompanied by a statement about its grave economic costs in order to insist that there must never be another. One reads, "This [the UK lockdown]

served both to slow the spread of the virus and to signal in a very clear way that people needed to change behaviours quickly; but it also generated great costs.”

The report adds, “But whether keeping such tight restrictions in place for three months (until restrictions began to be eased substantially at the end of June) was warranted, given the large costs, is very far from clear.”

Even as the need for any further national lockdown is rejected, the report is forced to acknowledge the effectiveness of lockdowns in halting the disease’s spread.

“New measured cases of the infection and of deaths ascribed to the virus were significantly lower within a few weeks of restrictions being introduced.” It adds, “The slowing in new infections and in deaths has been marked in all countries during late March and into April 2020, though the severity of restrictions and the timing of those restrictions differs.”

It also acknowledges, “While there are reasons to believe that the spread of the infection may have slowed short of a lockdown which kept most people at home, it remains highly likely that this level of restriction did bring the spread down faster than it otherwise would. ...

“The fall in deaths soon after lockdowns is so clear across many countries [64 are cited] that it is very unlikely that those severe restrictions had no significant impact at all on lives lost.”

Despite this, in the section, “How effective was the lockdown in the UK?”, the authors state, “There is contradictory evidence on the effectiveness of the three-month lockdown strategy in the UK.”

They assert, “It is hard to be sure of the precise scale of the health benefits: they range from very few lives saved to a high of perhaps 450,000 lives saved (that is the difference between the 500,000 or so deaths projected by Ferguson et al...on the basis of no change in behaviour and the 50,000 or so deaths that might have resulted in the UK by early June 2020). Figures for lives saved in the UK at the extreme ends of that spectrum (near zero or as high as 450,000) seem implausible.”

This conclusion is inserted only to undermine the assessment of Ferguson’s team of researchers at Imperial College and others who backed its findings, as well as from the World Health Organisation, MRC Centre for Global Infectious Disease Analysis and the Abdul Latif Jameel Institute for Disease and Emergency Analytics.

Miles, Stedman and Heald add that “estimates of net saved lives that are effectively zero...seems very unlikely.” But this is immediately followed by the declaration, “We set the lowest estimated net saved lives well above that and use (rather arbitrarily) a ‘lowest’ estimate of 20,000.”

This is simply nonsense. The authors’ admission that they plucked “rather arbitrarily” a figure of 20,000 lives saved by the lockdown (much closer to zero than a high of 450,000) is worthless from any scientific criterion. It reflects only their prejudice, rather than any actual research.

In calculating the cost of the lockdown, the authors use a formula called the “Quality-adjusted Life Year” (QALY). They note, “The guidelines in the UK...are that [National Health Service] treatments that are expected to increase life expectancy for a patient by one

year (in quality of life adjusted years, QALYs) should cost no more than £30,000.”

What follows is a series of calculations and graphs in which the author state, “Our low-end estimate of the (narrowly defined) cost of the March to June lockdown was 9 per cent of GDP—a figure of £200 billion.” They conclude, “For every permutation of lives saved and GDP lost the costs of lockdown exceed the benefits. Even if lives saved are as high as 440,000, each of which means an extra ten years of quality adjusted life—and when the lost output (assumed to be a sufficient and comprehensive measure of all costs of the lockdown) is simply the likely shortfall in incomes in 2020—costs are still over 50 per cent higher than the benefits of a three month lockdown (benefits = £132 billion; costs = £200 billion).”

In backing a “more rapid easing of restrictions” in the coming months, the authors outline three possible scenarios in all of which mass deaths are contemplated—including a scenario that sees deaths “steadily increase back up to levels seen at the height of the UK pandemic.”

This is justified by the ghoulish statement, “These are macabre thought experiments and many will feel uneasy at such calculations. But there are implications in terms of deaths and misery on both sides of the ledger from any policy. To think such comparisons are distasteful is to not face that reality.”

What this number-crunching in fact signifies is that the value of life is determined solely by the interests of the major corporations. If profits are to be made, then the population must get back to work. If lives are lost, including thousands more elderly people, then so be it.

What the report does not say is that the real cost of the lockdown was shouldered by the very working people who are now expected to get back to generating profit. The major corporations were handed over hundreds of billions in loan guarantees, even as the taxpayers footed the bill for 80 percent of the wages of workers employed by these corporations.

Now that this smash-and-grab raid has been accomplished, the ruling class, and its academic lackeys, rail against the “cost” of the lockdown—but only those related to saving the lives of working people. Naturally, if it cost £30,000, £300,000, or £3 million to save the life of just one of Britain’s super-rich oligarchs, this would be considered money well-spent.



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