

# UK Prime Minister Johnson announces end of lockdown that will see “more infections, more hospitalisations... more deaths”

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Prime Minister Boris Johnson admitted Monday that ending the national lockdown in place since early January will result in more infections and deaths.

He was speaking at a Downing Street press conference after announcing in Parliament earlier his “roadmap” for an “irreversible” lifting of the UK’s “last lockdown”.

Johnson declared baldly, “Whenever we ease lockdown, whether it’s today or in six or nine months, we’ve got to be realistic and accept that there will be more infections, more hospitalisations and therefore, sadly, more deaths, just as there are every year with flu.”

His speech was a naked declaration of the murderous programme of herd immunity. COVID-19 is far more deadly than flu, with his government already responsible for over 126,000 deaths.

The first stage of the easing involves the reopening of schools, public spaces and outdoor activities. On March 8, all primary and secondary schools will be reopened to England’s 10 million pupils. Scotland and Wales began a phased reopening of schools yesterday.

On March 29, outdoor gatherings of either six people from different households—the now infamous “rule of six”—or of two whole households will be allowed, including in private gardens. Outdoor sports facilities will be reopened, and adult and children’s sport resumed.

In the second stage, from April 12, non-essential retail, hairdressers, public buildings, beer gardens, zoos, theme parks, swimming pools, gyms and self-contained holiday accommodation will reopen. Social contact rules, barring two households meeting together indoors, will technically remain in force.

In the third stage, from May 17, the “rule of six” will be replaced with a limit of 30 for outdoor gatherings, with the “rule of six” applying in reopened hospitality spaces like pubs. Cinemas, hotels, theatres and sporting events will reopen with social distancing, and up to 10,000 spectators will be able to attend football stadiums.

In the fourth stage, from June 21, legal limits on social contact will be removed and the last sectors of the economy,

such as nightclubs, reopened.

The stages will be proceeded with providing that four deliberately vague conditions are met: the coronavirus vaccine programme continues to “go to plan”; evidence shows vaccines are “sufficiently reducing” the number of people dying or needing hospital treatment; infection rates do not “risk” a surge in hospital admissions; and new variants of the virus do not fundamentally change the risk of lifting restrictions.

Whereas previous guidelines have referred to keeping the *R* number of the virus below 1.0—anything above 1.0 indicates exponential growth—these conditions do not. “Infection rates” are only of concern if they “risk a surge in hospital admissions.” The separation of infection rates and hospital admissions is a de facto declaration that the Tories are pursuing “herd immunity” by letting the virus spread largely unchecked.

The shift is justified only through a fraudulent invocation of the impact of the vaccine rollout. Vaccines undoubtedly reduce the risk of severe disease substantially and are a central part of any resolution of the pandemic crisis. But this is a scientifically unanswerable argument for effective public health restrictions until the population is properly immunised. The partial protection currently provided the UK population by vaccination—18 million people have received their first dose and just over 600,000 people their second—means that a surge in infections will still produce a wave of hospitalisations and deaths.

Johnson’s premature lifting of the lockdown will produce that surge. The *Financial Times* notes that current data “shows that the vast majority of the improvements in health since the start of the year have resulted from the lockdown rather than vaccinations”. Israel, which has vaccinated more thoroughly than the UK, has seen cases its infection numbers fall by only half as much as the UK since January 12, when both had similar infection rates, due to its less strict lockdown.

Studies have demonstrated the major role that schools play in community transmission of the virus. The Tory government nonetheless intends to reopen schools on March 8 with, in the blunt summary of the *Daily Mail*, “No fiddly phasing in, no primary schools only, no alternate days, no dividing up of year

groups, no fragmenting of classes.”

The government’s servile Chief Medical Officer Professor Chris Whitty was reportedly “very unhappy” with the decision to reopen all schools at once, but was back in his box by Monday’s press conference. Coronavirus “will be a problem for the next few winters,” he declared.

More children in school will mean more parents attending workplaces that have seen thousands of outbreaks, which the government has done nothing to make safe. The effects will be compounded by the reopening of retail, hospitality and other venues.

Any uptick in the spread of the virus will have severe consequences. The latest Office for National Statistics (ONS) data reveals that one in 115 people in England had COVID-19 in the week to February 12, the same rate as when the November partial lockdown was lifted, leading to the devastating surge over winter. This is more than 12 times the rate at the start of last September when schools were reopened, leading to school-aged children having the highest rates of COVID-19 infection by December.

According to the COVID Symptom Study UK Infection Survey, the *R* for England was 0.9 last week, and 1.0 for Scotland and Wales. The study reports, “The fall in daily new cases has begun to slow with *R* values moving back towards 1.0 with most regions at 0.9... Cases have started to rise in age groups between 20-39”.

The survey’s authors estimate that there are 14,818 daily new symptomatic cases of COVID-19 in the UK. Last week, the British Medical Association warned that the National Health Service was still “in a precarious situation” and that there was a “growing consensus” among medical professionals that cases should be brought down to 1,000 a day before any major steps were taken to ease the lockdown.

As case numbers rise, the threat of new variants of the virus becomes more serious. Professor John Edmunds, of the government’s Scientific Advisory Group for Emergencies (SAGE), told the BBC’s *Andrew Marr* programme that the South African variant—with a mutation reducing the effectiveness of current vaccines—is being “held in place now, as everything else is being held in place by the lockdown... The risk comes really when we release the lockdown.” So far, 235 confirmed or probable cases of the South African variant have been found in the UK.

Paul Hunter, a professor in medicine at the University of East Anglia, told the *Guardian*, “as we come out of lockdown, the South African variant or the [similar] Bristol variant are likely to become dominant even with high vaccine coverage.”

While vaccination appears to be effective in preventing severe disease caused by the South African variant, Hunter warned of the risk of additional dangerous mutations developing. This is made more likely by allowing the virus to spread through large numbers of people while the vaccine applies evolutionary selective pressure for more resistant

variants.

Besides the risk of death from COVID-19, there is the still poorly understood threat of “Long COVID”—a range of debilitating conditions which affect even non-hospitalised COVID-19 cases for months after the initial infection. Estimates from the percentage of non-hospitalised people expected to suffer the condition more than 12 weeks after infection are in the region of 10-20 percent and the condition can affect children.

Despite all of this, Johnson’s roadmap has been universally referred to as “cautious” in the media. There is not a shred of political opposition to the government’s endangering of thousands more lives, even after more than 120,000 have already died.

Labour leader Sir Keir Starmer said on Sunday, “Ideally I’d like to see all schools back open on 8 March and all children back in schools on 8 March.” The *Daily Mail* hailed “his courage now in putting the health and welfare of children above the cynical politicking of his party’s Left.”

On BBC Radio 4’s *Today* programme, Labour’s Shadow Health Secretary Jonathan Ashworth said, “We need a national effort to get our children back into school.” Responding to a statement of nine education trade unions calling a mass reopening “reckless”, Ashworth said, “I would ask the Education Secretary to ring the trade unions and talk to them about the plans and tell them what plans he’s going to put in place to mitigate the virus spread.”

This is what will happen. A deal will be done behind closed doors between the government and the unions allowing them to drag their members back into the schools, just as they did last September.

Tens of thousands more people will die unnecessarily, and countless more suffer long-term illness, if this criminal policy proceeds. The pandemic *can* be brought under control and kept suppressed. But this demands a massive redistribution of the wealth hoarded by a tiny super-rich elite to fund full income and small business support during lockdowns, genuine safety measures implemented in essential workplaces, overseen by the workers themselves, and a scientifically planned global vaccination programme.



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