

# Johnson eases lockdown, paving way for new coronavirus upsurge in Britain

Paul Bond  
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As the UK COVID-19 death toll officially passed 150,000, amid warnings of an imminent rising of  $R$  (reproduction) values, Prime Minister Boris Johnson's government continued his "irreversible" lifting of Britain's "last lockdown." Even as restrictions were being lifted Johnson said bluntly that "more deaths" were "inevitable."

This, for the ruling class, is an acceptable price for ensuring the extraction of profit.

From Monday, it was again permitted in England for groups of up to six people from different households, or two full households, to meet outdoors. Outdoor recreational facilities were also allowed to reopen. The government continues to advise staying local, relaxing earlier advice to "stay home."

In Wales, the "stay local" order ended last Saturday. Scotland's "stay home" order ends Friday, while Northern Ireland adopts the English outdoor meeting model from Thursday.

Warm spring weather has seen a resumption of outdoor sports and socialising at beauty spots, with the government confirming that there are no legal restrictions on the distances that may be travelled for this purpose.

On Monday, Johnson said the current "road map" for lifting lockdown means "It's inevitable... that there will be more infections and unavoidably more hospitalisations, and sadly more deaths."

This, he said, is the only way "to get the results that we want," i.e., the reopening of the economy.

The press has provided a supportive barrage of enthusiastic propaganda.

Much has been made of new infection rates levelling off in recent weeks. The press trumpeted an infection rate of one in 340 people in England for the week ending March 20—the lowest since September—but this

figure had not changed on the previous week, when new infections began rising again following the reopening of schools on March 8.

In Northern Ireland, the Office for National Statistics (ONS) was cautious about the figures, which suggest greater levels of infection at one on 320 people.

The infection rate was even higher in Scotland, and rising, with around one in 240 people infected during that period.

Across the UK, the last week has seen a drop in infection rates, although the death rate has increased slightly. This has been blamed on registration of deaths rather than a new spike in cases, but the reopening of schools was followed by a new spread of cases.

Johnson admitted this, stating, "Already because of the relaxation that we've seen, almost certainly because of the opening of schools again, you're starting to see some of the graphs slightly curl a bit ... moving upwards a little bit in the younger groups."

The campaign to reopen schools was accompanied by repeated claims that children and younger people were less susceptible to infection. This is no longer supportable in the face of the facts, but it served its purpose.

This underscores the naked cynicism of Johnson's warning not to "risk the progress we've made," even as his government is encouraging renewed social contact and allowing extended opening hours for non-essential retail businesses from next week.

The government's earlier guidelines emphasised keeping the virus's  $R$  number below 1.0—anything higher than 1.0 indicates exponential growth and rising numbers of new infections. The announcement of the current relaxation did not mention this, only a concern over "infection rates" if they "risk a surge in hospital admissions." Separating infection rates and hospital

admissions confirmed the government's commitment to pursuing "herd immunity" by allowing the virus to spread unchecked.

This is confirmed by press reports on the  $R$  value in recent weeks. Current government figures, widely promoted in press coverage of the end of lockdown, show a national  $R$  value of between 0.7 and 0.9, indicating a small decline in daily new infections. This was a slight rise on the previous week but was kept down by lower infection rates in Wales and Northern Ireland. Regional breakdowns show higher figures generally, with England (by far the largest population area in the UK with nearly 56 million people) and Scotland sharing an  $R$  value of 0.8-1.0.

These numbers are based on data from previous weeks. Looking at current data, virus modeller Professor Karl Friston of University College London estimates that the actual  $R$  value reached 1.04 last Saturday. He anticipates it reaching 1.5 over the coming weeks. Friston's estimate of the current  $R$  value range is 0.7-1.4.

He told the *i* newspaper that  $R$  was increasing daily, and would increase further, "as contact rates increased." He predicts that new infections will rise again to around 10,000 new cases per day as restrictions are relaxed and expects that level to continue for around a month.

The vaccination programme and rising antibody levels have featured prominently in the press propaganda campaign for an end to the lockdown. *City AM* reported ONS statistics that more than half of people in England were estimated to have COVID antibodies either from previous infection or vaccination by the middle of March, up on the previous week. Against 54.7 percent in England, only 42.6 percent of Scotland's population were thought to have antibodies over the same period.

Britain has advanced relatively quickly with first doses of the vaccination. More than 30 million people have already received their first dose, 56 percent of the adult population. However, only 3 million—5 percent of adults—have so far received their second jab. There is also a marked difference in vaccination rates, with more deprived areas consistently showing lower percentages vaccinated. In the least deprived areas, 94 percent of those aged 65-69 have been vaccinated, falling to 85 percent in the most deprived areas. The

government expects to have given all those over 50 their first dose by the end of April, and all adults by the end of July.

Britain's high vaccination rate, compared internationally, has been achieved by delaying the second injection, against the vaccine producers' original instructions. This is becoming riskier as rival nation-states are increasingly at loggerheads over access to vaccine supplies, with the government referring to supplies as "lumpy."

Capitalism is unable to establish the coordinated international scientific programme required to tackle the pandemic. Johnson was among two dozen world leaders who have signed a letter calling for a new global treaty to prepare for future pandemics. Their statement said it was "not if, but when," another health crisis arose, and that "nobody is safe until everybody is safe." It called for greater international collaboration and coordination in vaccine supplies.

Johnson's seriousness can be gauged by comments from Business secretary Kwasi Kwarteng, who told the press that Britain will vaccinate its "whole adult population" before it considers sharing surplus doses internationally.

Johnson continues to ramp up the nationalist rhetoric, insisting the British vaccination programme must proceed apace because new variants abroad will "wash up on our shores." The negligence of his government has already allowed the development of just such extremely dangerous variants. The biggest source of rising infections in many countries is the highly contagious variant first detected last September in Kent in southern England. His latest moves will expose many more working people to unnecessary medical risk, leading to tens of thousands more deaths.



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