

# Scientists protest Johnson government ripping up UK COVID restrictions

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The Johnson government has provoked a wave of criticism from scientists and healthcare professionals by lifting all remaining COVID restrictions, with the legal requirement to self-isolate ending February 24.

The UK's Chief Medical Officer Sir Chris Whitty and Chief Scientific Officer Sir Patrick Vallance, who have served as yes men for Johnson's herd immunity agenda, have said nothing in response. Ignoring calls to present the "evidence" backing ditching restrictions, neither have been seen in public since Johnson announced February 9 that the UK would be the first country in the world to end all measures against the spread of COVID.

The Conservative government's Scientific Advisory Group for Emergencies (SAGE) has not issued a formal statement endorsing the ending of restrictions. But 30 SAGE representatives met on February 10, including Whitty and Vallance, publishing a paper the same day titled "COVID-19 Medium-Term Scenarios – February 2022".

Written by academics on "COVID-19 Medium-Term Scenarios", the two-page "note" is a devastating argument against the withdrawal of public health measures. It opens, "This note sets out a range of scenarios to illustrate possible courses of the SARS-CoV-2 pandemic for the UK. All assume that SARS-CoV-2 will continue to circulate for the foreseeable future and that variants will emerge."

The academics outline four scenarios from "Reasonable Best-Case" to "Reasonable Worst-Case". They warn, "An outcome that lies outside the range covered by the four scenarios—better than the reasonable best-case scenario or worse than the reasonable worst-case scenario—cannot be ruled out."

The "best case" predicts, "In the next 12-18 months: Relatively small resurgence in Autumn/Winter 2022/23

with low levels of severe disease." Scenario two, "Central Optimistic", predicts over the same time span, "Seasonal wave of infections in Autumn/Winter with comparable size and realised severity to the current Omicron wave."

The third worst scenario, "Central Pessimistic", predicts over the next 12-18 months: "Emergence of a new variant of concern results in a large wave of infections, potentially at short notice and out of Autumn/Winter. However, severe disease and mortality remain concentrated in certain groups (and lower than pre-vaccination), e.g., unvaccinated, vulnerable and elderly."

Scenario four, the "Reasonable Worst-Case", warns that in the next 12-18 months, "This leads to a very large wave of infections with increased levels of severe disease seen across a broad range of the population, although the most severe health outcomes continue to be felt primarily among those with no prior immunity."

The authors write, "In each scenario, it is assumed that a relatively stable, repeating pattern is reached over time (two to 10 years), but it is likely that the transition to this will be highly dynamic and unpredictable. It may not be possible to know with confidence from what happens in the next 12 to 18 months which long-term pattern will emerge."

Even the "optimistic" scenario accepts, "Seasonal wave of infections in Autumn/Winter with comparable size and realised severity to the current Omicron wave."

No one in the political establishment or media is making public what this means. Not a single article has appeared in the UK media on the SAGE paper.

Since the detection of Omicron in Britain on November 27, just 11 weeks ago, a staggering 8.2 million people have been recorded infected with

COVID and 14,880 more people have died from the disease. This mass suffering and death is the real “severity” of the Omicron wave and has taken place among a *heavily vaccinated population*. With immunity waning and no plan in place for a further booster programme, and the end of all mitigations, self-isolation and even reporting of cases and deaths, the ground is being laid for a social catastrophe.

The scale of infection is likely much higher than reported. This week the *i* news website reported, “An average of 101,000 cases of coronavirus per day were recorded from January 16 to 22, according to the Government’s COVID-19 dashboard. But it is likely the true number was nearer 280,500 a day.” It noted, the “sharp difference” reflects “the increasing limitations of the Government figures, which count only those people who have reported themselves as having tested positive for the virus.”

SAGE posted two pages of minutes from its meeting which note, in line with the scenarios produced, “New SARS-CoV-2 variants will continue to emerge... including variants that are less susceptible to current vaccines, resistant to antivirals, or are associated with altered disease severity (high confidence).

“There is no reason why future dominant variants should be similarly or less severe than Omicron, which may be an exception in having lower severity. The next dominant variant in the UK (and internationally) could have similar pathogenicity to previous variants, such as Delta. The range of evolutionary possibilities also includes substantial change to immune recognition.”

While SAGE made no official statements opposing the tearing up of restrictions, other scientists have spoken out, warning of the dire implications.

Stephen Reicher, a professor of social psychology at St Andrews University, said, “Taking away the obligation to self-isolate is the final and most powerful way of saying ‘it’s all over’ and that infections don’t matter.”

The *Guardian* cited Professor Mark Woolhouse, an epidemiologist of Edinburgh University, explaining, “The Omicron variant did not come from the Delta variant. It came from a completely different part of the virus’s family tree. And since we don’t know where in the virus’s family tree a new variant is going to come from, we cannot know how pathogenic it might be. It could be less pathogenic but it could, just as easily, be

more pathogenic.”

In a section titled, “Countermeasures”, the SAGE document warns of the implications of the government’s criminal ripping up of all measures in place to prevent viral spread, including testing. “Surveillance, vaccines, therapeutics and testing will also have large impacts on outcomes. Waves will be worse if detected late, vaccine effectiveness is low, or if stocks of effective vaccines are low or cannot be deployed quickly. Waves may be exacerbated in communities with lower vaccinations rates, which also tend to be the most disadvantaged. Lower vaccine effectiveness will also increase reliance on antiviral drugs, extensive use of which will increase the risk of resistance developing. Access to testing has also been key for reducing transmission and is likely to impact the shape and duration of any future waves.”

In the face of these immense dangers to public health, the ruling class is accelerating its herd immunity agenda. The end of mass testing is next to be ditched. Last Friday the *Guardian* reported several government sources stating that “to save billions”, Chancellor Rishi Sunak “wants to end most PCR testing for people with COVID symptoms, possibly by the end of March.” The *Guardian* and *Times* said the government planned to save £10 billion in public spending by axing testing.

A date of March 24 has been mooted for ending testing; the second anniversary of the Johnson government being forced by growing anger in the working class to impose its first national lockdown.

The *Guardian* reported that those in hospitals, high-risk settings and the 1.3 million extremely vulnerable people eligible for antivirals if they contract COVID would be exempted, but “everyone else with symptoms would be either given some free lateral flow tests or no testing at all. A third option would be restricting the offer of lateral flows to symptomatic people over 50 and the clinically vulnerable. The advice for people without symptoms to take routine lateral flow tests is expected to be scrapped entirely.”



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