

Scottish COVID-19 Inquiry opens with presentation by vaccine sceptic Dr. Ashley Croft

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In a display of undisguised contempt towards the millions who have lost loved ones or suffered serious and ongoing illness from COVID-19, the first public event held by the Scottish COVID-19 Inquiry late July, gave a two-day platform for the views of herd immunity advocate and vaccine sceptic Dr. Ashley Croft.

Croft was chosen to deliver a “scene setting” presentation to begin an inquiry that didn’t even offer an official apology or expression of sympathy to the bereaved.

He made clear that in the face of the worst public health disaster for decades he considers most mitigation measures that were in place as pointless.

Croft suggested that the global mass vaccination programme may not have saved any lives at all, insisting in a prepared report that it “remains unclear if COVID vaccinations resulted in fewer deaths.” He also asserts that all lockdown, track and trace and mask mandates measures were “coercive and/or intrusive” and that children and young people were “not ever at risk of severe disease.”

His report, and two days of evidence given to the inquiry, angered members of the Scottish COVID Bereaved group. Margaret Waterton told the BBC, “What we’re being expected to believe is that that is the best that Scotland has to offer from its scientific community, public health community from its epidemiological community, and that I believe is far from the truth.”

The Herald newspaper ran an exclusive exposing Croft as publishing “Rubella Virus Infection, the Congenital Rubella Syndrome and the Link to Autism” on a supposed link between the MMR vaccine and autism, as late as 2019, claiming that routine childhood vaccinations “could be contributing to increasing rates of autism.” This was five years after the British anti-vaccine activist, former physician, and discredited academic Andrew Wakefield was struck off the medical register for his involvement in a fraudulent 1998 study published in *The Lancet* asserting this connection.

The inquiry was instigated December 2021 by then Scottish Deputy First Minister John Swinney and tasked with investigating key aspects of the official response to the pandemic between January 2020 and December 2022. In total, as of this month, some 17,679 people have died with COVID-19 on their death certificates since the onset of the pandemic in Scotland. Nearly a quarter of the total of death since 2020, 3,317, occurred in care homes for the elderly following the unsafe release of untested patients from hospitals into care homes.

This year alone, with all mitigations lifted and in the midst of continual assertions that the danger is passed, some 1,209 people have died. Across the UK, in total, 229,055 deaths occurred, of which

12,040 are this year. Worldwide, the World Health Organisation reports 6,955,141 deaths.

Swinney, then deputy leader of the Scottish National Party, appointed a judge, Lady Anna Poole, to chair the inquiry. Poole resigned in October 2022 following conflicts with bereaved relatives. She was replaced by Lord Neil Brailsford at the head of a team comprised of a CEO, directors of policy and operations and at least seven lawyers.

Croft was supposed to provide a “factual narrative” including the evolving state of scientific knowledge, between 2019 and 2022, on the coronavirus and COVID-19, the ability of various forms of PPE or other measures to prevent transmission and the utility of other measures such as social distancing, social isolation, treatments and vaccines.

What he delivered was an assault on the partial, conflicting, and now mostly dismantled measures that were taken. This dovetails precisely with the ruling class’s commitment to ensuring that never again does a health crisis, primarily affecting the working class, threaten to cause even a temporary disruption to the expansion of capital.

Croft presented a 70-page, four-part report. Part One does not mention COVID-19 or SARS-COV-2 at all. Instead, Croft offers an overview of “evidence based medicine.” He warns, “Contrary to popular belief, not all scientific evidence is of equal merit. Many scientific studies are prone to *bias* (e.g., commercial bias, in the case of industry-sponsored research).” He then refers to three systematic, or “Cochrane,” reviews to which he returns repeatedly Jefferson 2011, Graña 2022 and Jefferson 2023.

The author of two of these, Dr. Tom Jefferson, is a leading light in the Centre for Evidence Based Medicine at Oxford University. Jefferson along with his collaborator, Dr. Carl Heneghan, from the early days of the SARS-COV-2 pandemic opposed many of the measures introduced to mitigate the spread of the virus. In a recent article in the right-wing *Spiked* magazine, July 19, “The Junk Science behind face masks,” the pair criticised the Scottish Healthcare Workers Coalition lobby group for opposing government decisions to remove face mask guidance in health care settings on the basis that there is very little evidence that masks work.

They wrote “As it stands, there is simply no evidence-based case for face masks. It is possible masks may work in certain situations. But there is absolutely no certainty they work in all situations... Mask mandates, no matter how localised, aren’t harmless measures. They affect social behaviour and help to reinforce a climate of fear.”

They celebrated low mask use in the face of rising case numbers:

“Thankfully, it seems unlikely the public will be following Scottish healthcare workers and calling for the return of mask wearing. Although respiratory illnesses like Covid are always spreading, most people have decided against masking up again.”

Writing in the *Express*, Heneghan and Jefferson hailed the Swedish model of government where, they claim, “A light-touch COVID response was all that was needed to steer us through the pandemic.” Sweden was a pioneer of a policy of “herd immunity.”

Part Two of Croft's report deals with the development of the COVID-19 pandemic. After presenting an explanation of coronaviruses, he explores the distinction between droplets which fall to earth quickly and are unlikely to travel more than 1 metre and smaller aerosols. He asserts, despite noting high levels of infection in enclosed spaces, that aerosol transmission primarily takes place only in hospitals and dental surgeries and that most transmission is by droplets.

In reality, by early 2021 it was broadly understood by scientists that infection was taking place according to patterns consistent with aerosols breathed out by infected people, not via droplets. See, for example this video from the Global Workers Inquest. The WHO accepted aerosols as crucial to transmission by April 2021.

Asking who is at “low risk for severe Covid-19 infection,” Croft declares, “In general, COVID-19 has a milder disease course in children and young adults than it does in older adults. The majority of children recover completely after acute SARS-CoV-2 infection and any persistent symptoms will improve with time.” The “case fatality rate” for those under 18 is, Croft went on, “effectively zero, in respect of otherwise healthy children.”

To date, worldwide, UNICEF reports at least 17,400 young people under the age of 20 died from COVID-19. The Scottish government's own death certificate and probable or suspected cause dataset notes 186 deaths of children under one year, 72 of children aged between one and 14. Croft did not touch on the impact on millions of children of the sudden untimely deaths of parents and grandparents to the coronavirus or raise the fact that the infection of children at school was one of the main driving forces of the spread of the virus.

On the likely future course of COVID-19, Croft opines that “SARS-CoV-2 is now becoming endemic (i.e. the virus is circulating at about the same incidence over a long period of time); endemicity is a feature of the four coronaviruses that have been known for many years to cause mild to moderate respiratory tract illness, including the common cold.”

Comparing COVID-19, whose evolutionary trajectory is still unknown and which throws up variants with unprecedented rapidity, to diseases which have been around for many years, Croft is lining up with signatories to the Great Barrington Declaration. The 2020 statement viewed “herd immunity” as an inevitable end point, which should be reached as soon as possible.

Croft devotes Part Three to a timeline and assessment of physical measures against COVID-19. Croft again relies heavily on Jefferson's 2011 review. He asserts, “During March to July 2020 there was limited scientific evidence and in some cases no scientific evidence (e.g. as regards *lockdowns*) to support the physical measures that were mandated in Scotland against COVID-19.”

He proceeds from this baseless claim to acknowledge that “In the summer of 2020 the number of new COVID-19 cases across the UK declined. This was attributed, in part, to the effectiveness of the physical measures that had been mandated earlier that year.”

Part Four is devoted to some of the vaccines used in the mass

inoculation campaign, a major public health initiative, carried out by vast numbers of dedicated health workers and volunteers. Croft accepts, “Most vaccines reduce, or probably reduce, the number of people who got Covid-19 disease and severe Covid-19 disease,” before baldly asserting that “[t]here is insufficient evidence to determine whether there was a difference between the vaccine and placebo in terms of death because the numbers of deaths were low in the trials.”

Worldwide, Imperial College London's MRC Centre for Global Infectious Disease Analysis reported September 2022 that vaccination campaigns saved between 14.4 million and 19.8 million lives in the year to December 2021 alone, and will have saved millions more since then.

On adverse reaction reports, Croft states that a huge number, 246,866, of “Yellow Card” reports were made to the UK government's Medicines and Health products Regulatory Agency (MHRA), regarding the Astra Zeneca vaccine, along with 177,925 for the BioNtech/Pfizer product and 47,045 for Moderna. Of these, to December 2022, 2,362 record a fatal outcome.

These figures must be set against around 40 million people in the UK having received three vaccinations over the last two years. Croft also concedes that “serious adverse events (e.g., cardiac and neurological events, and sudden death) appear to be few.”

In line with an inquiry intended to be a whitewash, core participants were denied the opportunity to immediately quiz Croft, who presented his report and gave evidence under the most gentle questioning from the inquiry team's KC, Stuart Gale.

Human rights lawyer Aamer Anwar wrote to Lord Brailsford to express “grave concerns” over Dr. Croft's bona-fides. He noted for example that Croft was heavily criticised by a High Court judge in a 2020 case centred on delays by Ministry of Defence doctors in diagnosing a soldier, Darrell Stewart Jones, with HIV for offering testimony that was “flawed and unreliable” and demonstrated “a lack of familiarity with the subject matter.”

Anwar wrote that “A simple Google of this witness brings up on the first page the High Court judgment,” and that this “should cause alarm for anyone carrying out due diligence in selection of an expert.”

Confirming that Croft's anti-mitigation views are being embraced, a spokesperson for the Scottish COVID Inquiry defended his appointment as someone with “knowledge of the context of the virus in the UK,” according to the BBC. “He was also chosen because he has undertaken and published extensive research on a wide range of public health issues including issues relating to Covid-19.”



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